

GRANT MANAGEMENT SOLUTIONS ANNUAL REPORT

Project Year 4 | October 1, 2015 – September 30, 2016

February 22, 2017



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ABBREVIATIONS AND ACRONYMS

Alliance	International HIV/AIDS Alliance
Alliance Cote d'Ivoire	<i>Alliance nationale contre le Sida</i>
ANECCA	African Network for Care of Children Affected by HIV/AIDS
CBO	community-based organization
CCM	country coordinating mechanism
CNLS-IST	<i>Conseil national de lutte contre le sida et les infections sexuellement transmissibles</i>
CRB	<i>Croix-Rouge Burundi</i>
DfID	United Kingdom's Department for International Development
E8 or Elimination 8	Southern Africa Malaria Elimination 8 Initiative
E8S	Southern Africa Malaria Elimination 8 Initiative Secretariat
ECSA	East, Central and Southern Africa
EPA	eligibility and performance assessment
FDC	Fundação para o desenvolvimento da comunidade
FPM	Global Fund portfolio manager
FSI	Fragile States Index
GAC	Global Fund's grant approvals committee
GFSC	Somali Global Fund Steering Committee
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Grant Management Solutions
GRAM	Grant Risk Assessment and Management
HERMYT	<i>Herramienta de Monitoreo y Tablero</i>
HSS	health systems strengthening
INGOs	international NGOs
IPC	<i>Initiative privée et communautaire contre le sida au Burkina Faso</i>
IQC	indefinite quantity contract
LCM	Liberia Coordinating Mechanism
LMG	Leadership, Management & Governance
M&E	monitoring and evaluation
MOH	ministry of health
MOHSW	Ministry of Health & Social Welfare of the Republic of Liberia
MSH	Management Sciences for Health
NFM	new funding model
NIP	Nairobi Innovation Pod
OECS	Organisation of Eastern Caribbean States
OGAC	Office of the U.S. Global AIDS Coordinator
P2PX	peer-to-peer exchange
PADS	<i>Programme d'appui au développement sanitaire</i>
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMP	performance monitoring plan

PNILS		<i>Programme national de Lutte contre le SIDA et les Infections sexuellement transmissibles</i>
PNILT		<i>Programme national intégré de lutte contre la lèpre et la tuberculose</i>
PR		principal recipient
PY		project year
SR		subrecipient
STAR		Socio Technical Allocation of Resources
TASO		The AIDS Support Organisation
TIMS		TB in the Mining Sector
TSAP		U.S. Government's Global Fund Technical Support Advisory Panel
UNDP		United Nations Development Programme
USAID		United States Agency for International Development
USG		U.S. government
WHC		Wits Health Consortium

1. PROJECT YEAR 4

Grant Management Solutions' Project Year (PY) 4 followed the evolution of the cycle of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) through support to the last grants completing grant making, support to new grants needing project management units or risk management plans, and support to certain country coordinating mechanisms (CCMs) for implementing their performance improvement plans. The most exciting challenge of PY4 has been the steady increase in demand for the whole-of-country approach to introducing the new grant management dashboard for principal recipients (PRs) (the "Principal Recipient Management Dashboard" or "PR Management Dashboard") and dashboard for CCMs (the "CCM Summary") to all PRs and CCMs within a country. In total, Grant Management Solutions (GMS) responded to 34 requests (from 23 countries) approved by the U.S. government's Global Fund Technical Support Advisory Panel (TSAP), seven requests for CCM support, 12 for a variety of PR issues, and 14 for introduction of dashboards.

PY4 saw the deeply satisfying conclusion of a piece of GMS "old business." The African Delegations to the Global Fund Board established a bureau in Addis Ababa to support its operations and recruited its first executive director. The African Delegations' presence at the 2016 Board meetings contributed positively to policy making and this year's replenishment of the Global Fund. GMS's support of governance strengthening of the African Delegations began in 2012. Starting in 2014, GMS collaborated with the African Public Health Research Centre, which was and still is sponsored by the Bill & Melinda Gates Foundation, to create the bureau.

PY4 was also the final year for business-strengthening support to the 12 regional partners of GMS (the "Regional Partners"), who have been the focus of the project's capacity-building team. During the year, the Regional Partners moved toward greater collaboration through trades of technical support in the "Peer-to-Peer Exchange": seven exchanges took place mostly focusing on software application development and market analysis. Regional Partners concretized their collaboration through establishment of a new network of ten of the twelve Regional Partners who will market their services together. Thus, this four-year experiment of strengthening Regional Partners to provide Global Fund-related technical support concludes with strong forward momentum from these 12 organizations.

In response to the growing interest in grant dashboards for risk management and grant oversight, GMS completed development of the CCM Summary and extended development of two other pieces of the dashboard suite of products: the Regional Grant Dashboard and the Subrecipient Management Tool. GMS also completed evaluation of the PR Management Dashboard pilot: publication of the results will begin early in PY5.

2. OUR WORK

2.1. WHERE GMS WORKS

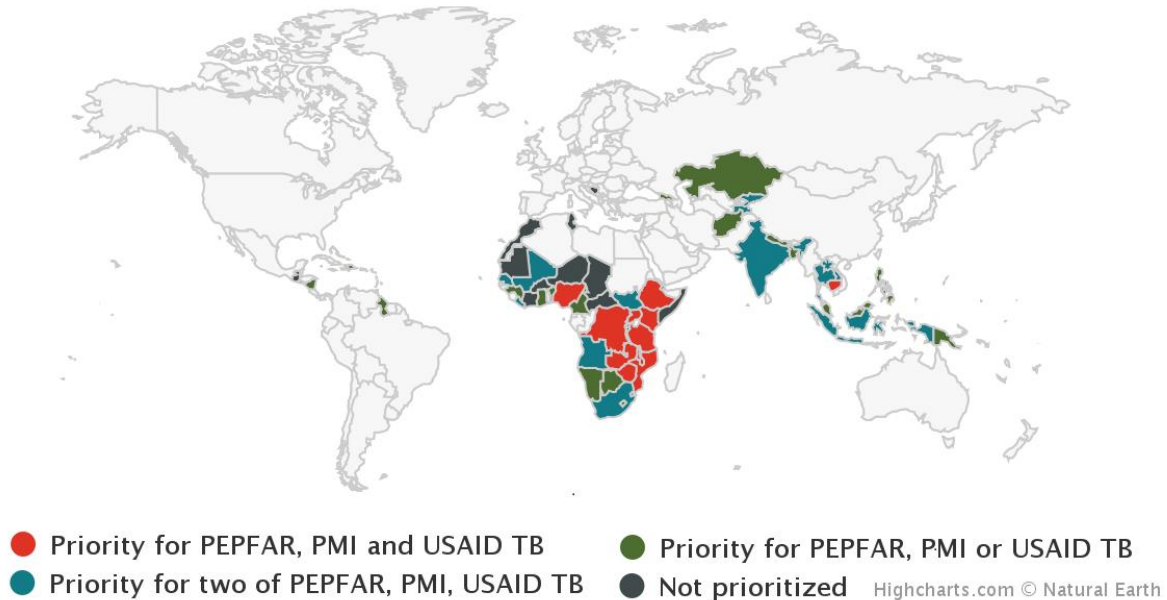
2.1.1. General overview of GMS assignments in PY4

GMS's footprint in PY4 differed significantly from earlier years because of greater demand for support from regional PRs leading grants that include between seven and 18 countries. Early in PY4, GMS completed work on the PY3 requests from African Network for Care of Children Affected by HIV/AIDS (ANECCA) (based in Uganda and including seven countries), a grant supporting pediatric AIDS treatment and advocacy; and on grant making and dashboard support for the TB in the Mining Sector (TIMS) grant based in South Africa, including ten southern African countries. In PY4, regional work expanded to include startup support to the Elimination 8 grant based in Namibia and including seven of the same countries as the TIMS grant (but not including Tanzania, Lesotho or Malawi), a grant for cross-border support to malaria elimination. GMS also supported the regional TB laboratories-strengthening grant, in the East, Central and Southern Africa (ECSA) Health Community, based in Arusha, Tanzania, which cover 18 east and southern African countries (including eight of the same countries as TIMS). In the second half of PY4, GMS began support to the regional grant of the Organisation of Eastern Caribbean States (OECS).

2.1.2. GMS assignments by USG priority

The reach of GMS's technical support is largely determined by the demand expressed from Global Fund implementing countries and by the approval of the TSAP. Since PEPFAR 3, the TSAP has focused its approvals increasingly, but not exclusively, on those countries that are the focus of PEPFAR, the President's Malaria Initiative (PMI), or TB programming. As the map below shows, GMS has so far provided technical support to 11 countries that are high priority for all three of these initiatives (the red countries on the map); 13 other countries that are priorities for two of these initiatives (the blue countries on the map); 24 countries that are priorities for one disease initiative (the green countries on the map); and, another 14 countries (the gray countries on the map). In addition, GMS provided support to the Caribbean region, which is a PEPFAR focus region.

GMS assignments by PEPFAR, PMI and USAID TB priority countries

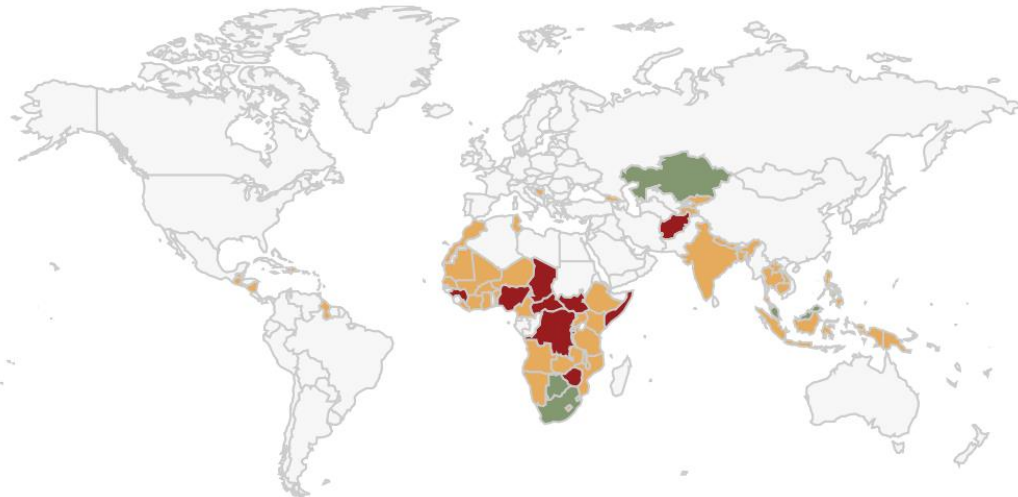


2.1.3. GMS assignments in fragile states

A comparison between countries in the Fragile States Index (FSI) 2016 and where GMS works shows that GMS is providing technical support to the countries that need it most. The Fragile States Index,¹ published annually by the Fund for Peace, is a composite index of 12 indicators of national stability. It ranks the 178 countries in the index from least sustainable (114 points) to most sustainable (18.8 points). GMS has provided technical support to 11 of the 16 (69%) most fragile states in the Fragile States Index (“Very High Alert” and “High Alert” countries, with FSI points > 100) and 14 (67%) of the 21 next most fragile states (“Alert” countries, with points >90 and ≤ 100). While GMS teams do not travel to countries with active security problems, GMS did provide support to Burundi (100.7 points) in 2016 during national turmoil, through local consultants and virtual support from international consultants, and by meeting with PR and CCM members in other countries to advance grant making. Only four countries where GMS worked in PY4 are categorized by the Fragile States Index as “Warning”—the least fragile category in which GMS worked.

1. The Fragile States Index 2016 can be found at <http://fsi.fundforpeace.org>.

GMS assignments by Fragile States Index



- Very High and High Alert (>100)
- Alert, High Warning, and Elevated Warning (70 – 100)
- Warning (30 – 70)

Highcharts.com © Natural Earth

To respond to these requests, 34 assignments were approved by the TSAP in PY4: seven CCM assignments, 15 PR Management Dashboard assignments, and 12 other PR management assignments, examples of which are discussed in the following sections.



2.2. PAST THE TIPPING POINT WITH PR MANAGEMENT DASHBOARDS

Almost half of the work GMS did in PY4 related to performance improvement of Global Fund grants through introduction of a management change process using PR management dashboards. This section of the annual report explores six facets of the dashboard experience.

2.2.1. Data-driven grant management improvement using dashboards

Dashboards provide a visual display of the most important information needed by managers and executive-level decision makers. Since dashboards display indicators with consistency over successive periods, performance trends and recurring warning signs can be tracked. By using dashboard data for timely identification of problems and bottlenecks in implementation, managers and decision makers can take corrective actions to improve performance and then observe their effect in ensuing periods. Thus, dashboards are management tools embedded in a data-driven performance improvement process.

Complete adoption of the PR grant dashboard process is demonstrated by quarterly or semi-annual production of the dashboard with progressive improvement of data quality, completeness, and timeliness; subsequent analysis and use of the visualizations during participative review, analysis and investigation among PRs and SRs, and subsequently with the CCM, leading to management and programmatic decision making to reduce risk, accelerate implementation and funds absorption, and increase grant performance as measured by grant ratings. This change to a more transparent and accountable management process requires different degrees of organizational change among different groups of implementers.

2.2.2. Increase in demand for dashboards results in a variety of users in multiple countries

GMS's fourth project year ushered in an increase in demand for the PR Management Dashboard and the CCM Summary. Developed for use by PRs and piloted in six countries among seven PRs during GMS's second project year, the PR Management Dashboard is a two-part computer application that allows PRs to visualize the performance of a number of financial, programmatic, procurement and supply management (also known as health products management) and general management indicators for a given grant. This new dashboard can be seen on the Global Fund website at <http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/prdashboard/>. In its third year, GMS developed the CCM Summary—an updated version of the grant-oversight tool introduced by GMS and the Global Fund in 2009-10. Intended for use by CCMs for oversight, the CCM Summary consolidates performance data from each PR Management Dashboard into one visual display of a country's grant portfolio, allowing comparison of performance across grants for the same disease and among all grants and PRs.

During PY4 twice the number of countries (12) requested assistance with introduction of dashboards as did the previous year. Requests came from Bangladesh, Botswana, Burkina Faso, the Democratic Republic of the Congo, India, Liberia, Lesotho, Niger, the Philippines, Wits Health Consortium (WHC) (for the South Africa-based TIMS grant), Uganda, and Zambia. Of these, all except the requests from Democratic Republic of the Congo and the WHC were for the whole-of-country approach, where both the PR Management Dashboard and the CCM Summary would be introduced. **Read a description of the whole-of-country approach in section 2.2.3 of this report.**



Photo to the left from work sessions during one of several visits by the GMS team to introduce the PR Management Dashboard and the CCM Summary in the Philippines.

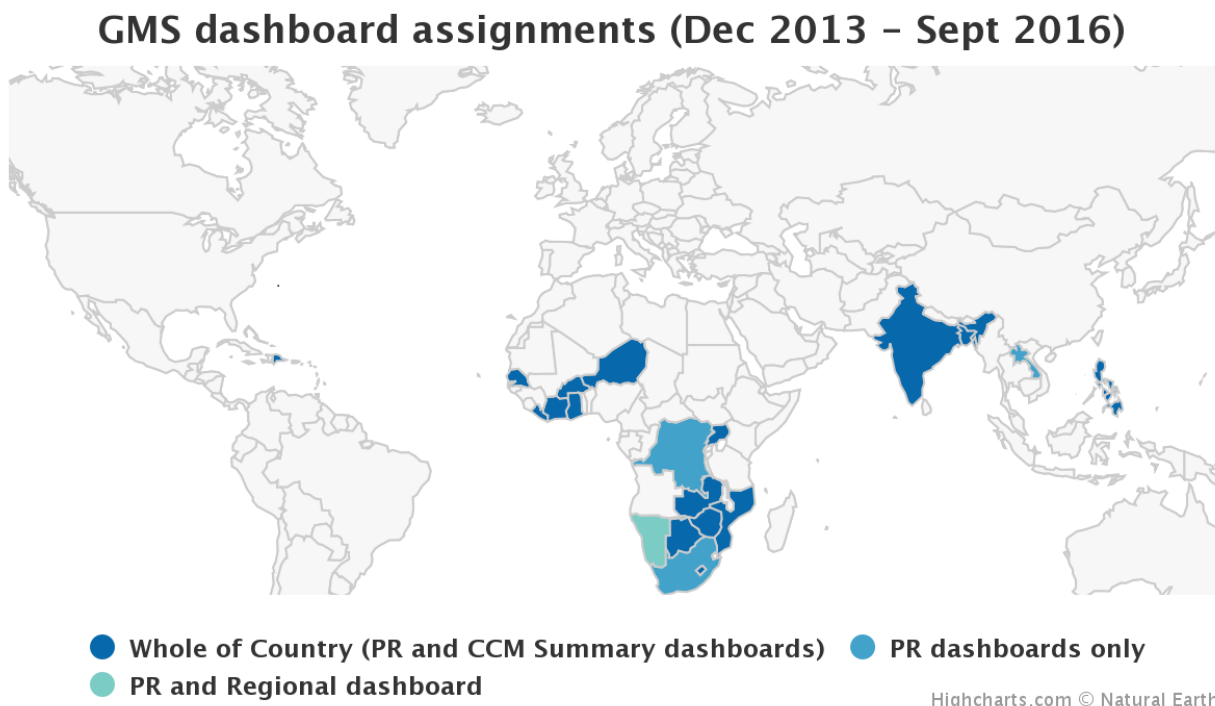
A variety of factors drove the demand for dashboards in PY4. In some instances, Global Fund portfolio managers (FPMs) encouraged CCMs and PRs to adopt new management and oversight tools. In countries such as Uganda, PRs learned about the dashboard during CCM meetings from another PR that had been an early adopter of the dashboard during the pilot phase in 2014. Demand was also influenced by the diffusion of information to countries on dashboards through information sessions GMS had conducted during PY3 for representatives of the U.S. government (USG) (such as Global Fund liaisons and PEPFAR coordinators) active on Global Fund issues through CCMs.

An additional driver of demand was a factor not seen during PY3: other bilateral funders of Global Fund–related technical support becoming interested in dashboard introduction and being willing to pay for technical support of dashboard introduction. For example, in June 2016, the BACKUP Initiative of *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) announced its intention to support the introduction of dashboards in Malawi and Togo in PY5. The investments made by both GIZ’s BACKUP Initiative and France Expertise in cofinancing trainings with GMS of consultants in the introduction of dashboards in PY4 may translate into an increase in the number of countries where dashboards are introduced.

Even PRs not eligible for GMS technical support (multilateral organizations such as the United Nations Development Programme (UNDP) and UNICEF and international NGOs (INGOs) such as World Vision and Save the Children) showed interest in adopting dashboards and took steps to do so. GMS held information sessions with headquarters representatives of organizations such as Save the Children that have PRs in multiple countries. GMS collaborated with the International HIV/AIDS Alliance (Alliance) to invite representatives of International Planned Parenthood Federation and World Vision to an information session at a training held in Brighton, United Kingdom, in October 2015. By the end of PY4, INGOS and their national affiliates that have adopted or that have begun adopting dashboards included the following: BRAC (Bangladesh), Catholic Relief Services (Niger), Alliance (Cote d’Ivoire, India), Intrahealth (Senegal), Plan International (India, Liberia, Senegal), Planned Parenthood Association of Ghana, Save the Children (Bangladesh, Philippines, Niger), and World Vision (India,

Mozambique, Somalia). Multilateral agencies that are in the process of adopting the dashboard include UNDP (Bolivia, Zimbabwe) and UNICEF (Somalia).

The following map shows countries in which GMS has supported adoption of dashboards since 2014.



2.2.3. Whole-of-country approach enabling activities to expand technical support capacity for dashboard introduction

In response to this growth in demand for dashboards and interest by other technical-support agencies, GMS carried out several activities in PY4 to expand the mechanisms and build the capacity for introducing dashboards. In collaboration with the Global Fund Secretariat and the Alliance, **GMS defined modalities for the whole-of-country approach, where PR dashboards are introduced for all PRs and the CCM Summary** is introduced once PR dashboard introduction is achieved. GMS developed job aids and training materials to facilitate consultants' work in the delivery of technical support and in coaching clients to use the dashboards. This cost-effective consulting approach uses only one or two consultant teams to work with the multiple PRs and grants, as well as the CCM, in a series of visits over a period of four to six months. The number of visits and consultants is less than would be needed by teams working separately with each grant over the three-year funding cycle.

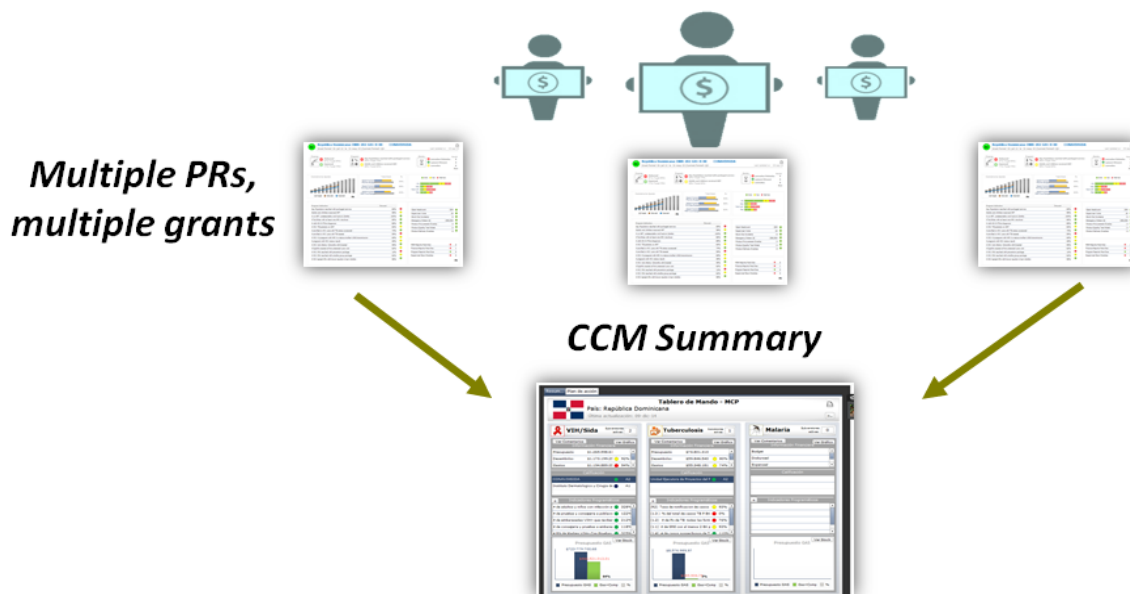
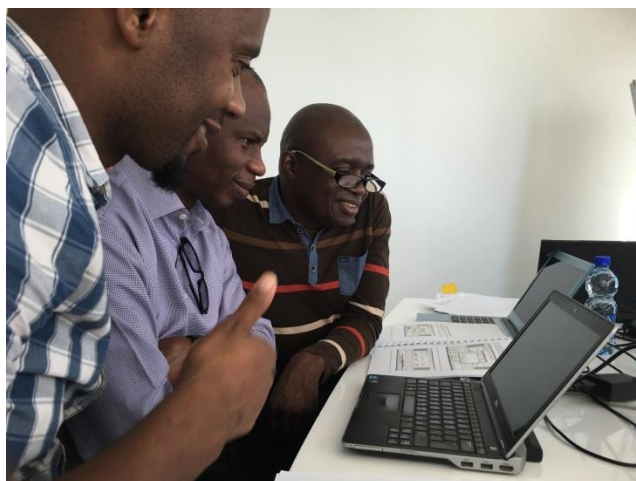


Figure 1. Whole-of-country approach: PR Management Dashboards Informing the CCM Summary

A high priority during PY4 was to expand the pool of technical-support providers willing to fund training of consultants in dashboard introduction and the technical support assignments as well. GIZ's BACKUP Initiative was the first technical-support provider to join the USG in financing training of consultants in 23 consultants on whole-of-country introduction of dashboards, enabling Alliance staff and consultants to introduce PR dashboards to the six Alliance linking organization PRs and offer support to other PRs as well.

GMS subsequently delivered the training twice more with cofinancing from GIZ: for 15 consultants in Cape Town, South Africa, in March 2016 and for 25 francophone consultants in Casablanca, Morocco, in September 2016 with additional support from France Expertise.



Cape Town training participants receiving training in the configurator role—the GMS consultant team member responsible for technological aspects of dashboard setup—and produce their first dashboards.

As of November 2016, France Expertise has committed to fund a dashboard assignment in Congo, Brazzaville, while GIZ's BACKUP Initiative is providing complementary funding for a coordinated approach to introduction in Liberia and Malawi, and an independent team in Togo.



Photo left: Casablanca dashboard training participants benefit from experiential training methodologies to learn how dashboards fit into grant oversight processes.

Photo right: Pictured from left to right: Global Fund Help Desk staff and training facilitator Dionysia Kapodistria helps trainee Sakina Denis resolve a technological problem. At the far right, GIZ staff Annabelle Metzner reviews material at the September 2016 Casablanca training on dashboards.



2.2.4. PR demand leads to development of new grant management products

During PY4, demand for new types of dashboards mushroomed, leading GMS to develop two additional tools for regional grants and subrecipients (SRs)—the **Regional Grant Dashboard** and the **Subrecipient (SR) Management Tool**. Development of these new tools will result in a suite of four dashboards available to PRs and CCMs by the end of the GMS project, as shown in the image below.

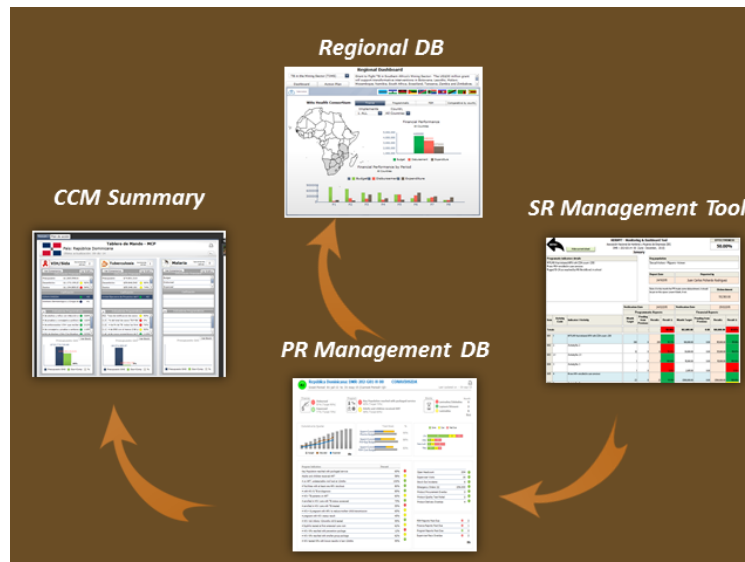


Figure 2. GMS oversight tools.

The Regional Grant Dashboard

South Africa–based WHC, the PR for the TIMS regional grant, requested help with the development of a mechanism for visualizing financial and programmatic performance for its new grant with six SRs conducting TB prevention and treatment activities in ten countries. GMS developed this new regional dashboard in PY4; it will be completed in early PY5.

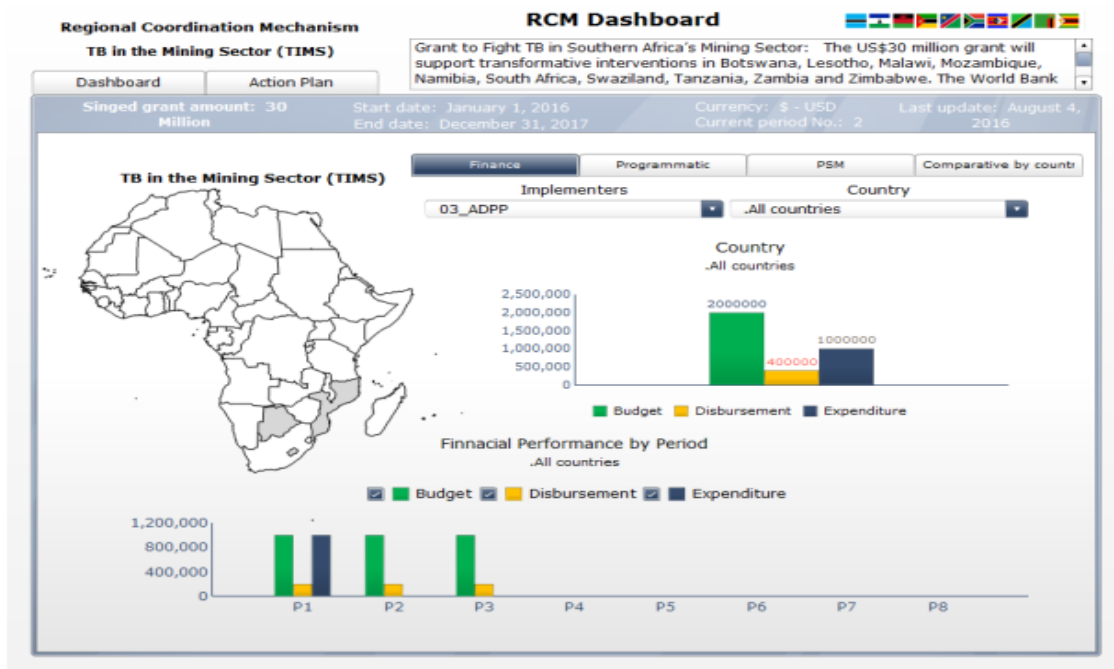


Figure 3. The Regional Grant Dashboard for the TIMS regional grant, including an interactive map.

The Global Fund currently has 29 active regional grants with a signed value of \$271 million that present unique grant-management challenges. Not only do these grants carry out a range of activities from direct service delivery to advocacy, but the broad variety of implementation arrangements existing among these grants makes performance monitoring difficult. For this reason, once the TIMS grant-specific regional dashboard is finalized, GMS plans to create a generic version of this dashboard in PY5 that responds to a wider range of implementation arrangements found among regional grants.

The SR Management Tool

At the beginning of PY4, GMS support dashboard introduction to the PR *Fundação para o desenvolvimento da comunidade* (FDC) in Mozambique. During that work, the FDC requested development of a simple mechanism for its SRs to better capture their data and report grant-management performance. The FDC chose one of the options GMS presented—the adaptation of an SR grant-management tool that had been developed by a GMS team for another country. The *Herramienta de Monitoreo y Tablero* (HERMYT) had been developed for the Dominican Republic's national mechanism for combatting HIV/AIDS, called CONAVIHSIDA, to help standardize the reporting formats used for CONAVIHSIDA's 27 SRs. GMS teams modified the HERMYT to serve a similar purpose to help FDC's 13 SRs monitor their performance. During the same quarter, GMS learned that *Alliance Nationale contre le Sida* in Cote d'Ivoire (Alliance Cote d'Ivoire), one of the PR Management Dashboard pilot countries, had responded to strong demand from its SRs for an SR-level grant management tool by developing an Excel-based grant monitoring tool for its six SRs that helped with tracking at the sub-SR level.







Initial setup		Performance			Monthly follow-up reports		
		January	February	March	April	May	June
Action plan	Comments	July	August	September	October	November	December
Action plan	PR Dashboard comments						
Summary information		Annex reports					
Programmatic & financial		Check register		HIV test summary		Condoms and lubricants	
Budget & expenditure							
							

Figure 4. The SR Management Tool

This demand for SR-level tools to help with monitoring grant performance prompted GMS to develop an SR-level grant monitoring tool that was sufficiently generic and simple enough to be used by SRs at different capacity levels, and that would also facilitate the transmission of data from the SR to the PR to produce the PR Management Dashboard. Development of the SR Management Tool began in quarter 3 of PY4 and is targeted for completion in quarter 2 of PY5.

2.2.5. Central notion of dashboards for proactive management and oversight catches on: spotlight on Alliance, Cote d'Ivoire

GMS considers Alliance Cote d'Ivoire to have fully institutionalized the data-driven management process using dashboards. Alliance Cote d'Ivoire demonstrates how a committed NGO can use data, systems, internal organization and institutional partners to improve its programs. Alliance Cote d'Ivoire's grant performance rating for its HIV grant increased from B1 at the start of the dashboard pilot to A2 in December 2014 and to A1 in June 2015.

Alliance Cote d'Ivoire, a long-time USG partner in research and implementation of programs to fight HIV/AIDS, was at the forefront of national responses to the disease. It was also recovering from the impact on its health and other social systems of the social and political upheaval in the country from 2002 through 2010. In this context, Alliance Cote d'Ivoire initiated organizational change in mid- to late-2013—before the pilot. To address poor performance of grants from the

Global Fund and other donors, the Alliance recruited a new country executive director with strong management and organizational change credentials in Cote d'Ivoire: she moved quickly to address weaknesses in human resources and systems (IT, monitoring and evaluation (M&E), finance), and in procedures.

The invitation in early 2014 to participate in the PR dashboard pilot just as major organizational change processes were starting was a perfectly timed opportunity that Alliance Cote d'Ivoire's leadership recognized as a clear fit with this process. The new executive director wanted to use tools and technical support to improve its performance as a PR and as manager of diverse funds aimed at strengthening HIV responses among key populations more generally. In February 2014, at the start of the PR dashboard pilot, the Alliance Cote d'Ivoire's HIV/AIDS grant was valued at \$31M; its rating was B1. Over three visits, the GMS team worked with the PR's engaged and committed team, leaving in place a new tool and Alliance Cote d'Ivoire staff trained in producing it and using it to analyze data. Alliance Cote d'Ivoire quickly initiated the next organizational step: it began to address performance and management issues the tool helped to visualize. It also requested a second phase of GMS support.

The early dashboards had revealed major weaknesses in SR performance, prompting Alliance Cote d'Ivoire to increase collaboration with SRs around management problem solving. SR exposure to the PR Management Dashboard led SRs to clamor for their own tool to help them manage their subgrants. Alliance Cote d'Ivoire used its internal IT capacity to develop an Excel-based tool to help SRs monitor their own performance as well as the performance of their sub-SRs. To recognize improved performance in PRs and motivate them to sustain their improved performance, Alliance Cote d'Ivoire provided high-performing SRs with certificates of good performance as well as with cameras for documenting their technical activities, closing the "virtual circle" of positive management.



Staff from the Alliance Cote d'Ivoire's SRs receiving rewards and recognition for improved performance.

2.2.6. PR dashboard pilot evaluation results

As the culminating event in the process to introduce the PR Management Dashboard, GMS conducted a qualitative impact evaluation of the PR dashboard pilot in PY4. Three of the seven PRs in the pilot had fully institutionalized management changes including dashboard production and showed improvement or stabilization of their performance ratings; and three others had partially institutionalized the management-change process. Evaluation data show that performance improvement is achieved by purposeful problem-solving efforts targeted through detailed issue analysis, using successive dashboards to measure reactivity in priority indicators. PRs and SRs were observed to have improved data quality over successive dashboards. Greater accountability and dialogue between and among PRs and SRs accelerates the process: active support by senior management is needed. Public sector PRs may be constrained by limited authority to make management and structural adjustments specific to grant performance.

This evaluation led to the identification of four broad managerial and attitudinal factors that seem to affect the extent of institutionalization of the dashboard and its use for managing performance improvement by a PR. These four factors are listed below:

- Management's readiness and willingness to engage in management change (buy-in)
- Established communication and accountability processes with SRs and CCMs
- Quality, completeness and timeliness of data
- Staff capacity and engagement, including IT capacity

Fifteen months following the end of the last visits of the PR Management Dashboard pilot, GMS staff and local consultants began to evaluate the adoption of the PR Management Dashboard and the outcomes of its use. The evaluation aimed to identify factors enabling and inhibiting effective adoption of dashboards by PRs. Between November 2015 and March 2016 visits were conducted to the Dominican Republic, Uganda, Senegal, Cote d'Ivoire, Laos and South Africa.



SRs of CONAVIHSIDA—the Dominican Republic's national mechanism for the fight against HIV/AIDS—participate in a focus group as part of the evaluation of the PR Management Dashboard pilot.

At 18-months, three PRs had fully institutionalized the dashboard, sharing it regularly with SRs in a transparent review process promoting inter-SR positive emulation (meaning SRs shared with and learned from each other how to improve implementation and performance). These PRs demonstrated immediate improvements in management and implementation problem solving: the first two improved their grant scores to A1 with improved programmatic outcomes and funds absorption; the third PR's grant ended after three more quarters with no improvement of its grant rating, although programmatic performance and procurement and supply management (or health products management) did improve. Three other PRs at 18 months had also integrated the dashboard for use in data-driven management, but with limited or no sharing with SRs; and one PR had rejected the dashboard despite receiving follow-up virtual support to update its dashboard. PRs that did not modify their management practices saw no change (either improvement or decline) in their grant ratings.

A full report on the PR dashboard pilot evaluation will be released in PY5.

2.2.7. Rollout experience since the PR dashboard pilot

The growing demand for PR dashboards through the whole-of-country approach has allowed GMS to further support introduction of data-driven management change using dashboards. While there is a standard approach for rolling out the PR Management Dashboard and CCM Summary, attainment of the behavior changes required to use dashboards for management (PRs) and governance (CCMs) is not standard. The following case study on Burkina Faso describes a particularly complex series of efforts to achieve performance improvement in a time of national turbulence.

Burkina Faso: Crosscutting support to PRs and CCM for grant performance and governance
Overcoming the tumultuous national events of 2015, Burkina Faso's CCM and PRs pursued a rigorous program of management and governance strengthening, which enabled them to maintain eligibility and incrementally improve fund absorption. Burkina Faso has obtained GMS support for several steps of the Global Fund current funding model: support to grant making, CCM renewal and oversight strengthening, and PR Management Dashboard and CCM Summary installation for performance improvement.

In April 2015 (mid-PY3), CCM-Burkina Faso requested support for itself and for grant-making activities. GMS carried out this work from April to December 2015. CCM reform had been mentioned in an OIG report so that the CCM might reposition itself to provide diligent oversight to the country's grantees. Responding to specific recommendations of the Global Fund's Office of the Inspector General, GMS supported the CCM in a renewal process, including a focus on civil society and key population representation; once new members were in place, GMS also helped the CCM define required committee and secretariat structures to ensure effective functioning and implement its standard procedures for electing/selecting committee members. Because oversight was a priority, GMS focused on strengthening the new oversight committee through orientation of its members and support of site visits; and on strengthening the secretariat in its role in supporting oversight.

For grant making, GMS deployed three teams of consultants from April through December 2015 to help two governmental PRs (*Conseil national de lutte contre le sida et les infections sexuellement transmissibles* (CNLS-IST) and *Programme d'appui au développement sanitaire* (PADS)) and one community-level NGO PR (*Initiative privée et communautaire contre le sida au Burkina Faso* (IPC)) to complete all steps and documentation required in grant making. The Global Fund's grant approvals committee (GAC) approved the documentation resulting in signature by November 2015 of five grants totaling over €116,280,000.

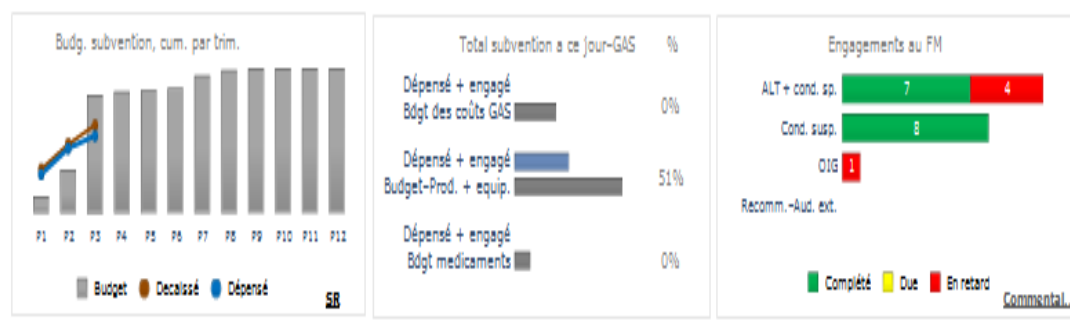


Figure 5. Reporting of expenses against disbursed funds

Soon after signature, national events overtook and affected grant startup. Burkina Faso's new national transitional government was formed in the wake of the 2014 Burkinabé uprising, when long-time president Blaise Compaoré was overthrown. On September 16, 2015, members of the Regiment of Presidential Security launched a new coup d'état. The coup's leaders detained the country's interim government, and presidential and parliamentary elections were delayed. The political unrest, though contained, had serious impact on the new grants, slowing implementation during startup, exactly when PRs are encouraged to press for action.

The recently signed grants faced other startup delays including difficulties with SR selection and community-level community-based organizations (CBOs). The 252 CBOs would manage a network of more than 1500 community agents. The critical issue affecting recruitment of these agents was the absence of a national policy for the recruitment, remuneration and retention of community level workers. The PRs most impacted by this gap were PADS and IPC, whose activities for all three diseases depended in large measure on implementation by community agents. A national policy was finally approved in early 2016: by May 2016, the CBOs had been recruited and trained, beginning implementation in June, about one year after signature.

Following the startup crisis, the Global Fund country team for Burkina Faso asked the CCM to request GMS technical support for installation of PR Management Dashboards and the CCM Summary to better address startup, implementation and performance issues. Two teams of GMS consultants trained the PRs and the oversight committee on how to analyze and use the five dashboards for decision making to improve performance through better management and better monitoring. By the end of PY4, each of the PRs had produced three dashboards. The

ongoing challenge for PR staff is to use dashboards consistently to ensure effective management and good grant performance.

At the end of PY4, a review by GMS provided evidence that the PRs are using the tool and making progress towards performance targets. The absorption of funds has steadily improved quarter after quarter for all grants. The following screenshot shows results for PR PADS at the end of quarter 3 in August 2016. The blue line in the left-hand graph shows that the grant has reported expenses close to the amount disbursed so far by the Global Fund.

Use of the dashboard by all Burkinabé PRs and CCM to analyze the results of implementation and take the necessary decisions is consistent. The dashboard analysis sessions are documented by official minutes that allow traceability of decisions. The CCM oversight committee receives all PR dashboards on time and analyzes them with the PR following the procedures that were adopted during the introduction phase.

The Burkina Faso example highlights two points. First, it is essential to understand the impact of country context on grants: a short-lived attempted coup d'état had impact on all activities in the country and for Global Fund grants, just when PRs were expecting to concentrate effort on startup activities. Second, although West and Central African countries have had a history of low funds absorption, these Burkina Faso grants had succeeded in using all funds budgeted for the period up to June 2016, including funds for pooled procurement.

Burkina Faso demonstrates that while country context can adversely impact grant performance, with the right tools and practices PRs can accelerate funds absorption and regain ground lost in delayed start-up. The more powerful lesson of GMS's work in Burkina Faso is that clients value continuity in providers, even through short-term technical support. Four of the 16 GMS grant-making consultants joined the PR dashboard teams with a baseline of knowledge that gave speed and depth to their work. The Burkinabé coordinating team leader had CCM governance and PR management expertise, was available for unplanned consultations between the visits and, importantly, was highly respected by stakeholders in the country: this in itself accounts for much of the success of the interventions.

The graphic below illustrates several examples of overlapping and sequential services GMS provided to CCMs and PRs for various steps in the Global Fund grant cycle.

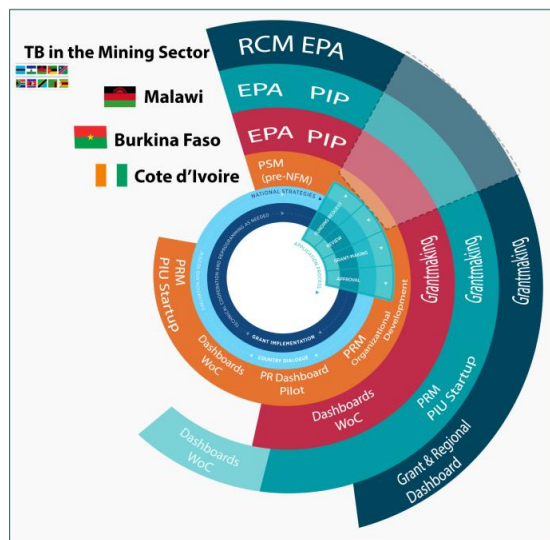


Figure 6. Continuity in GMS support to CCs and PRs.

GMS is able to accompany PRs during the six-month follow-up period; and in the case of PR dashboard assignments, GMS intends to provide continued support and oversight by technical managers through June 2017. Ultimately, however, it is the PRs who need to aspire to strengthened management for enhanced performance.

3. STORIES FROM PROJECT YEAR 4

3.1. INTRODUCTION

PY 4 contained a broad range of activities in addition to the work on dashboards described in section 2 of this report. This section describes GMS's work and achievements in six other focus areas: governance strengthening, grant making, risk management support, consultant strengthening, Regional Partner business strengthening, and collaboration with the Global Fund Secretariat. In five stories about countries and regions, and in sections on consultant strengthening and Regional Partners, this report presents the range of GMS's efforts to improve the quality and availability of technical support to Global Fund implementers, to support improvement of governance, of management, and of implementation performance of those same implementers, and to assist the Global Fund Secretariat to communicate and coordinate effectively with groups of implementing countries.

3.2. BUILDING GOVERNANCE IN A CHALLENGING ENVIRONMENT: THE SOMALI GLOBAL FUND STEERING COMMITTEE

In October 2016, the Somali Global Fund Steering Committee (GFSC) completed its offline eligibility and performance assessment (EPA) and mapped future activities to bolster structure, performance and representation in its performance improvement plan. EPA findings: the GFSC complies with over 60% of Global Fund requirements and standards—a strong initial performance. Completion of the EPA is the culmination of two years of GFSC work to align its framework and structures to Global Fund oversight, conflict of interest, civil society engagement and requirements to represent key populations.

GMS received TSAP approval to strengthen the GFSC in September 2014, just before the end of PY2. Though officially a “non-CCM,” the GFSC functioned as the multisectoral coordinating body for Global Fund grants to the Federal Republic of Somalia and Somaliland. The value of grants to support the Somali people since 2007 totaled close to \$280 million, with total disbursements of \$80 million for HIV, \$72 million for TB and \$86 million for malaria. Global Fund investments represented 20-25% of the total Somali health budget.

The Federal Republic of Somalia and Somaliland were some of the more complex operating environments for Global Fund investments: the existence of separate political structures for the autonomous geographic areas and two decades of persistent insecurity are factors that would raise questions about



Faiza Ibrahim, director of planning, Ministry of Health, Somaliland, discussing oversight by zonal health committees.

the feasibility of creating and sustaining the effective, functioning governance body that the Global Fund expects of CCMs.

GMS began with a pre-assignment scoping visit that helped map out support needs and define anticipated deliverables. The visit yielded a welcome surprise in “positive deviance” for governance in fragile settings, an unexpectedly positive behavior in a situation where the most common behavior is a lack of governance. Observing its first GFSC meeting, GMS saw a non-CCM that functioned as a quasi-eligible governance body in ways that count. The GFSC was providing oversight and in-depth review of draft concept notes before submitting them to the Global Fund. For the GFSC, and in particular for the Somali members, this oversight and review showed it was time for the GFSC to become a “fully fledged” CCM. The request to GMS: first help the GFSC on governance and oversight, and, at the end of the assignment, chart a realistic road map for actions the GFSC could take post-GMS support with a view to gaining full recognition as a CCM. To accompany the GFSC: a GMS team of CCM consultants, most of whom had prior experience in the Federal Republic of Somalia and Somaliland and all of whom had expertise strengthening governance in fragile environments. By late PY4, GMS had completed four visits to Nairobi (for security reasons the GFSC and PRs meet in Kenya) to support the GFSC, and scheduled its final visit for late October 2016 (the start of PY5). In October 2016, the GFSC had conducted an offline EPA process facilitated by GMS, to determine its “baseline” status against Global Fund requirements and standards and to define key actions for a realistic performance improvement plan that will guide further strengthening and growth.

The GMS team leaves the GFSC with a deep sense of accomplishment. The GFSC made significant progress with oversight: members were creative in leveraging existing health coordination structures for Global Fund oversight purposes and carried out their first oversight visits to the towns of Mogadishu, Hargeisa and Garowe in July 2016 (with support from two members of the GMS team). The director of the Global Fund CCM Hub helped the GFSC define a process for representation—inviting three civil society representatives—not enough to meet the Global Fund’s Eligibility Requirement #3 for CCMs, stipulating 40% of CCM members come from the civil society sector, but an acceptable compromise for a steering committee operating in a complex environment. The alignment and leveraging promoted by Somali leadership on the GFSC build on what already exists and functions, rather than establishing Global Fund-specific bodies in the Federal Republic of Somalia and Somaliland. Another milestone achievement was approval by the Global Fund of a two-year budget for the GFSC, initially providing financing for a secretariat to be housed at the World Health Organization in Nairobi and eventually to be located at the International Organization for Migration (a UN agency).

This assignment stands out for several reasons. First, in a geographic and political context where it is hard to expect good governance to take root, the GFSC has achieved just that. The GFSC has embraced civil society participation in governance; improved its performance; chosen a strategic approach to leveraging existing health structures to facilitate oversight and carried out oversight visit; secured funding; and established a secretariat. The GFSC embodies many of the qualities of an effective governance body: strategic thinking among multisectoral members to achieve health impact with Global Fund investments; ownership; oversight; accountability.

Second, GMS mobilized a stellar team of consultants for the GFSC, all energized by this assignment. They had contextual experience: team members from Regional Partner Advantech have worked on IT and finances in Mogadishu; a Palladium team member has worked for extended periods on DfID-funded health programs in the Federal Republic of Somalia and Somaliland; a Q Partnership team member had technical knowledge—including experience—in oversight and metrics in fragile environments; all team members had deep commitment to governance, especially the team leader from Regional Partner OASYS, whose facilitation and negotiation capacity and deep understanding of multisectoral governance helped this group of Somali and international GFSC members evolve from coordinating well to practicing leadership and governance.

As a result, this assignment prompted the type and quality of organizational and leadership change in the GFSC expected of long-term technical support. The change is attributable in equal measure to the strength and competence of the team of consultants and to the determination and relentless effort of GFSC members to achieve operational effectiveness and demonstrate strategic leadership despite the label “complex operating environment” that continues to define how the Global Fund must interact with the Federal Republic of Somalia and Somaliland.

3.3. GRANT MAKING AND STARTUP

Demand for GMS support to PRs for grant making and grant startup continued as the first cycle of the Global Fund’s current funding model moved into its third year. This report illustrates GMS’s work with PRs through examples of support to regional grants in assignments that started in PY3 and ended during PY4 and through GMS’s work for grant making in Liberia, which is another complex operating environment for the Global Fund.

3.3.1. Supporting regional grants

In PY4, GMS supported four regional grants in Africa—two of which are featured below. By Global Fund standards, these grants are modest: \$30 million for the “TB in the Mining Sector” (TIMS) grant; \$17.8 million to combat malaria for the “Elimination 8” grant; \$6 million to improve TB laboratory services in ECSA’s “Supranational TB Reference Laboratory” grant; and \$5.6 million to improve the coverage and quality for children and adolescents living with HIV in the ANECCA grant. Yet each grant is designed to address gaps and build consistent quality across borders in service delivery, quality of care, and access.

In two cases, GMS worked on grants to address gaps that occur as a direct result of cross-border movement of people: these are the cases of the two-year TIMS grant based in South Africa reaching miners and ex-miners in ten countries, and the Elimination 8 malaria program based out of Namibia for eight countries. For ANECCA, GMS supported a small grant to increase delivery of quality treatment in seven sub-Saharan African countries to pediatric HIV/AIDS patients, a key population that is consistently below target in many African countries. Quality of services is central to the ECSA grant (which is not described in this annual report) that uses the services of the Uganda Supranational TB Reference Laboratory to improve laboratories in 18 countries in Africa. These regional grants in Africa supplement the investments made in national programs, by stabilizing and extending access and quality for specific populations.

Grant-making support for the TIMS regional grant (Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe)

The TIMS regional grant, potentially benefitting at least 300,000 workers, was signed in late December 2015 for \$30M. Since grant startup in January 2016, the PR WHC has completed SR recruitment and implementation startup. With help from GMS, the PR has begun using a new regional dashboard to visualize performance in the ten participating countries. TB screening of miners and ex-miners has begun in Botswana, Mozambique and South Africa.

One of GMS's most complex assignments, grant-making support for the TIMS grant began late in PY3 and ended in PY4. This grant is designed to support potentially transformative TB interventions for current and ex-mineworkers in ten southern African countries.

Complementing national TB programs, TIMS is developing a cross-border tracking system for monitoring adherence to TB treatment for mineworkers; expanding access to occupational health services to ex-mineworkers; and in one rights-based objective, linking ex-mineworkers who had labored in South African mines to compensation services and to a South Africa-based compensation fund. TIMS was created in the context of an existing World Bank Southern Africa TB in the Mining Sector Initiative and is viewed as an integral part of this larger initiative.

Grant making for TIMS required converting a broad concept note built on the World Bank initiative into a very detailed work plan and budget covering two years of activity in the ten countries. For the assignment, GMS supported the WHC, an experienced private company wholly owned by the University of the Witwatersrand in South Africa. WHC has proven technical and grant experience, but was a newcomer to management of Global Fund grants. WHC asked GMS for support in establishing implementation arrangements which would achieve a coherent program able to produce the target results, and in compiling unit costs from the ten countries for the multiple activities to create the implementation budget.

The initial concept note envisaged that the PR would subcontract with the national TB program in each of the ten countries. However, during grant making it was determined that a more effective implementation arrangement would be to contract with nongovernmental SRs for sets of activities across multiple countries. This new arrangement required development and use of a transparent and competitive selection process that met Global Fund procurement standards—something GMS helped to put in place. In addition, the implementation arrangements would need a proactive risk management approach: the GMS team supported the risk identification process using the Grant Risk Assessment and Management (GRAM) Tool, and revised or developed, operational manuals that supported the management of risks that are common under Global Fund grants. As well as supporting the completion of the core documents, the team provided capacity building orientation to the new PR team in the management of Global Fund grants.

The TIMS grant activities are moving forward, although less rapidly than originally anticipated: reorganization of the SR design structure required changes in procurement documents which delayed finalization of agreements. As of end August 2016, all six TIMS SRs had been contracted, and in September all SRs attended an induction session on the TIMS grant. All areas

are now operational and the implementation of key interventions such as TB screening for key TB populations, as well as key surveillance studies, have commenced.

WHC subsequently asked for GMS support to set up a grant-management dashboard: GMS was able to work with the PR and with the regional coordinating mechanism to create a first-generation regional dashboard to meet the needs of this complex multi-country grant. **See section 2.2.2 for more information about this story.**

Grant making: ANECCA (Burundi, Ethiopia, Malawi, Nigeria, South Sudan, Tanzania and Uganda)

In November 2015, the Global Fund signed a \$3.8 million grant to ANECCA. Its purpose: to support ANECCA's institutional mission across ten countries in the East Africa. ANECCA is a not-for-profit pan-African network of clinicians and social scientists with a mission to improve access to quality and comprehensive HIV prevention, care, treatment and support services for children. Registered in Uganda, Tanzania, Ethiopia, Nigeria, and Burkina Faso, its headquarters are in Kampala and the network has focal persons in 15 other countries in Africa.

ANECCA requested technical support from GMS well in advance of grant approval, with the dual objective of completing all grant-making requirements and training its future grant staff. Between August 2015 and July 2016, GMS met these objectives for the organization, and in the process built ANECCA's capacity to operate as an effective PR.

The GMS team used a participatory approach to enable effective grant-management skills transfer to PR staff. This approach included the use of case studies, scenario analysis, group discussions, role plays, plenary presentations and discussions, and a site visit to Uganda's PR The AIDS Support Organisation (TASO). GMS worked with ANECCA to design a capacity-building road map including indicators for tracking change describing objectives, approach, methodology, and evaluation of capacity building. The team created an M&E manual with guidance on data management and reporting and use of data for decision making. ANECCA was able with GMS support to customize relevant sections of its existing finance manual to reflect Global Fund requirements. The documents then served as a backdrop for building the capacity of ANECCA's staff in grant management, but also as trainers of other trainers, to enable them to conduct cascade training of the national project officers once they were recruited. ANECCA's executive director was coached to provide ANECCA's board with a general overview of the Global Fund as well as on its policies and procedures. Completing the grant-making and startup support was assistance in preparation of a first grant Progress Update and Disbursement Request (PUDR)—an activity that has become a fixture for new PRs.

GMS support for this regional grant was to a small and new PR, but one that has a long history of partnership with USAID in the East Africa region, as well as a reputation for excellence advocating for and disseminating clinical guidelines for pediatric treatment.

3.3.2. Grant making support for Liberia

The Ebola outbreak in Liberia had devastating impact across the health sector, including on implementation of existing and design of future Global Fund grants. The Liberia Coordinating Mechanism (LCM) had had to interrupt its preparation of concept notes for HIV and TB grants in May 2014 at the time of the outbreak. In May 2015, the Global Fund allowed the LCM to use a flexible submission option, the “Simplified Application Process,” to make up for lost time. In August 2015, the LCM submitted a TB proposal to the Global Fund and in October 2015 an HIV proposal. Moving from the Simplified Application Process to implementation-ready grants required additional grant-making efforts to reorganize the HIV, TB and health systems strengthening activities. With GMS support, grants were signed with the Ministry of Health & Social Welfare of the Republic of Liberia (MOHSW) for HIV/TB in March 2016 for \$27.3 million and for malaria and HSS in June for \$26.4 million.

In late 2015, following proposal approval by the GAC, the MOH received TSAP approval for GMS to provide grant making support for the HIV grant to its newly established PR project implementation unit, led by a recently appointed director who was a former USAID employee. Grant making progressed on this grant (in collaboration with PSI, the second PR), overcoming a first hurdle identified by the GMS M&E expert: correction of errors in the baseline data in the performance framework, attributable to incorrect interpretation of DHS and UNAIDS Spectrum data and use of conservative Liberia Institute of Statistics and Geo-Information Services’ 2006 projections. Other challenges were more directly related to the impact of the Ebola outbreak on Liberia’s health systems—including loss of personnel and resulting constraints throughout the health system. The PR, partners and the Global Fund country team and GMS agreed that the program would need flexibility to respond to actual demand and service levels as national systems improved and grant implementation progressed. In parallel, the MOHSW was conducting grant making of its TB grant.

During grant negotiations, the Global Fund and the PR made two important decisions: first, to merge the HIV and TB grants into a single grant, and second, to restructure the support Liberia requested for health systems strengthening (HSS) to align support under the MOHSW’s broader health system sustainability strategy (defined in the document “Investment Plan for Building a Resilient Health System in Liberia 2015 to 2021, in response to the Ebola virus disease outbreak of 2014–2015”). With USAID concurrence, GMS supported all phases of the grant restructuring: the integration of the TB and HIV grant documents including joint program activities into a single grant; the review of HSS elements (many of which were removed for inclusion into the upcoming Malaria/HSS grant application); and grant negotiation of the new combined TB/HIV grant.

GMS was subsequently asked to provide grant-making support to the malaria/HSS grant as well. GMS leveraged the technical and contextual knowledge and the relationships of its HIV team to collaborate with the MOH on the malaria/HSS grant. The participation of as many of the same consultants as possible in the new grant-making assignment provided the MOH and other stakeholders with continuity in approach and quality of service delivery that was appreciated.

Completing these two grant-making assignments, including the strategic redesign of the grants, assisted the MOH to proceed with grants more likely to have a sustainable impact for the people of Liberia.

3.3.3. Support for risk management of Global Fund grants

As a participant in key risk-management forums, as a contributor to Global Fund tools and approaches, and as a practitioner supporting PRs as they create risk-management and risk-mitigation plans, GMS has stood out as a thought leader.

Over the past several years, the Global Fund has refined and formalized a structured and systematic approach to risk management: GMS has been fortunate to participate actively in the evolution of this approach. GMS has worked with its teams to create risk-management tools, experimented with the Global Fund's approach, and contributed inputs for the PR-focused version of the GRAM Tool (there was previously a Global Fund-focused version of the GRAM Tool for internal Secretariat use only). GMS is an active member of the Global Health Risk Management Forum led by the Global Fund Secretariat and has a webinar for consultants on the implementation mapping approach used during grant making.

During PY4, GMS deployed three specialized risk-management teams on assignments to support PRs to identify, assess and treat risks using the GRAM Tool. Consistent and correct use of the tool helps PRs and country stakeholders to prioritize risks in a structured manner, generate a “risk heat map” to readily communicate the grant risk profile, and develop an action plan to mitigate the major grant risks. Assignments in two very different geographical, social and disease contexts—Burundi and Indonesia—highlighted the need for flexibility in the way that GRAM workshops are structured: the number of grants, PRs and diseases addressed in the grants will vary, as will the time that participants can give to the process.

Burundi and Indonesia: Risk management efforts

In Burundi and Indonesia, GMS successfully assisted eight PRs to establish risk-management procedures and plans for grants with a signed value of \$400 million, underlining the core principle that risk management is essential no matter the size of the grant or country.

Burundi has a population of ten million people and Global Fund grants worth \$84 million. In Burundi, GMS teams initially supported the two HIV PRs (*Programme national de Lutte contre le SIDA et les Infections sexuellement transmissibles* (PNILS), and *Croix-Rouge Burundi* (CRB)) to undertake a risk-management planning exercise, and later supported two other PRs working on malaria (Caritas) and TB (*Programme national intégré de lutte contre la lèpre et la tuberculose* (PNILT), *the national TB program*) in similar tasks. This work was requested in response to management actions assigned by the Global Fund Secretariat at the time of grant signature. GMS consultants in Burundi also worked on a wide range of products to strengthen the capacity of the PRs to deliver the grants, including operational manuals, procurement and supply management distribution and quality control plans, SR management plans and SR performance frameworks. This work was requested in response to management actions assigned by the Global Fund Secretariat at grant signature.

Indonesia has a population 25 times greater than that of Burundi; its Global Fund grants are worth four times more (\$326 million). In PY4, the GMS team worked with four Indonesian governmental PRs to strengthen their risk-based SR management. As well as completing GRAM Tools with the four grants, the team also developed a tool to assist the PRs to prioritize risks with the SRs they support; and developed guidelines for effective SR supervisory support (in both Bahasa Indonesia and English) and comprehensive risk-based SR management plans. The expertise, knowledge and experience GMS has acquired in this field will be shared with consultants and other stakeholders through an online training program in risk management, to be released early in PY5.

These assignments illustrate the importance the Global Fund places on risk management as a practice regardless of the scale of a grant. Risk management for CARITAS in Burundi, managing a \$5.3 million grant, is as important to country teams as is risk management by the ministry of health (MOH) in Indonesia in managing a \$144 million grant.

3.4. CONSULTANT STRENGTHENING

3.4.1. Consultant training activities

GMS continues to approach consultant training and certification as a process on a development continuum by which more than 500 active consultants may develop their knowledge and skills to deliver high-quality Global Fund technical support. In PY4, 69 GMS consultants were trained in face-to-face trainings, and across seven virtual courses GMS counted 287 completions; 74 consultants were either certified for the first time or recertified.

The consultant-development pathway enables consultants to pursue virtual, face-to-face, and on-the-job learning throughout their careers with the GMS project, recognizing their efforts and successes with certification at different levels—meeting eligibility and performance criteria for team members, team leaders, and coordinating team leaders in single technical areas or using a cross-cutting approach.

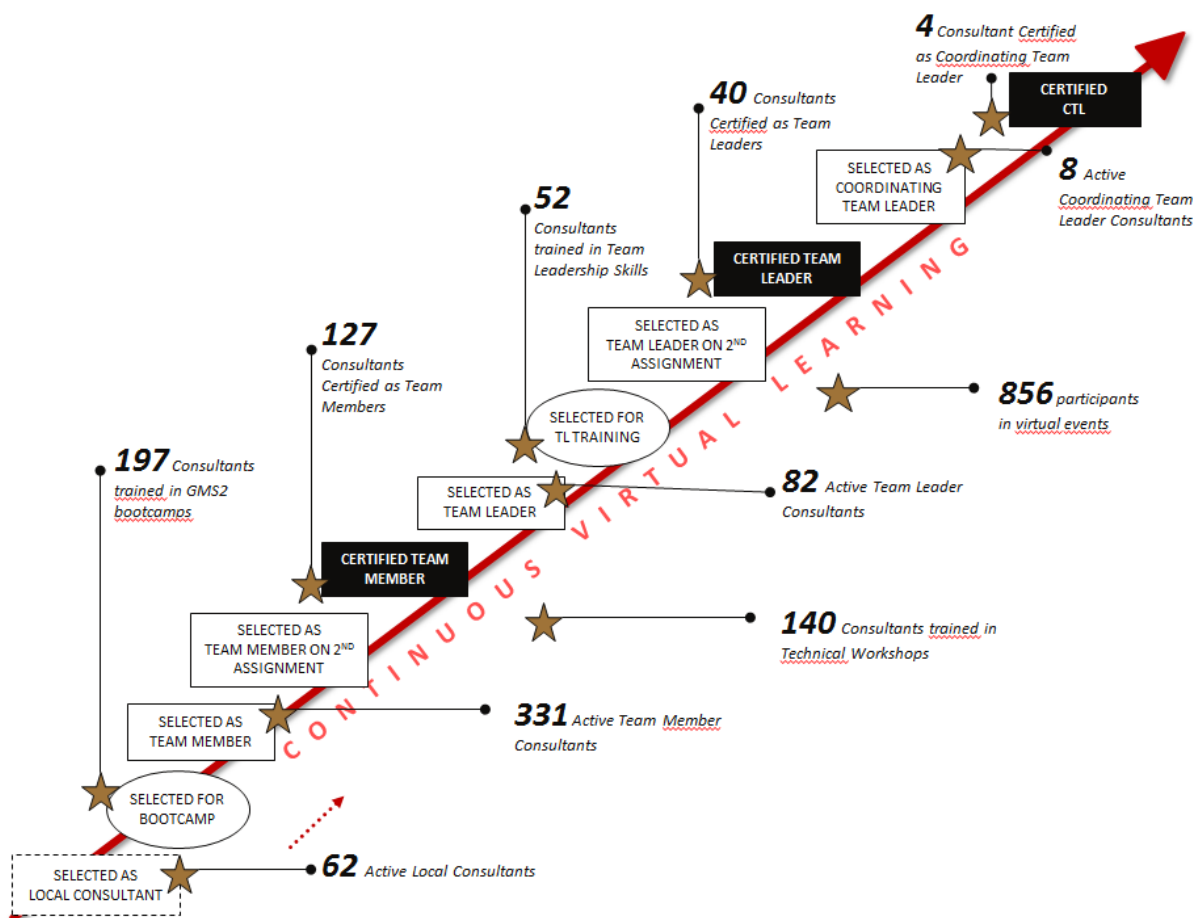


Figure 7. GMS Consultant Development Pathway: Cumulative consultant data along the pathway (as of September 30, 2016 (end of PY4))

3.4.2. The GMS Learning Hub

In PY4, GMS developed and launched a new virtual training platform—the GMS Learning Hub. The platform, based on the open-source learning management system Moodle, offers consultants access to self-paced virtual training modules within their area(s) of expertise. Consultants can complete interactive courses to gain Global Fund–related knowledge and build skills, contribute to discussion forums, and access archived content on demand. Discussion forums are ongoing and provide an opportunity for course participants to share experiences and ideas with their peers and with GMS technical staff. **The complete catalog of virtual courses is available 24/7 to consultants through the GMS Learning Hub, with several courses available in English and French.**

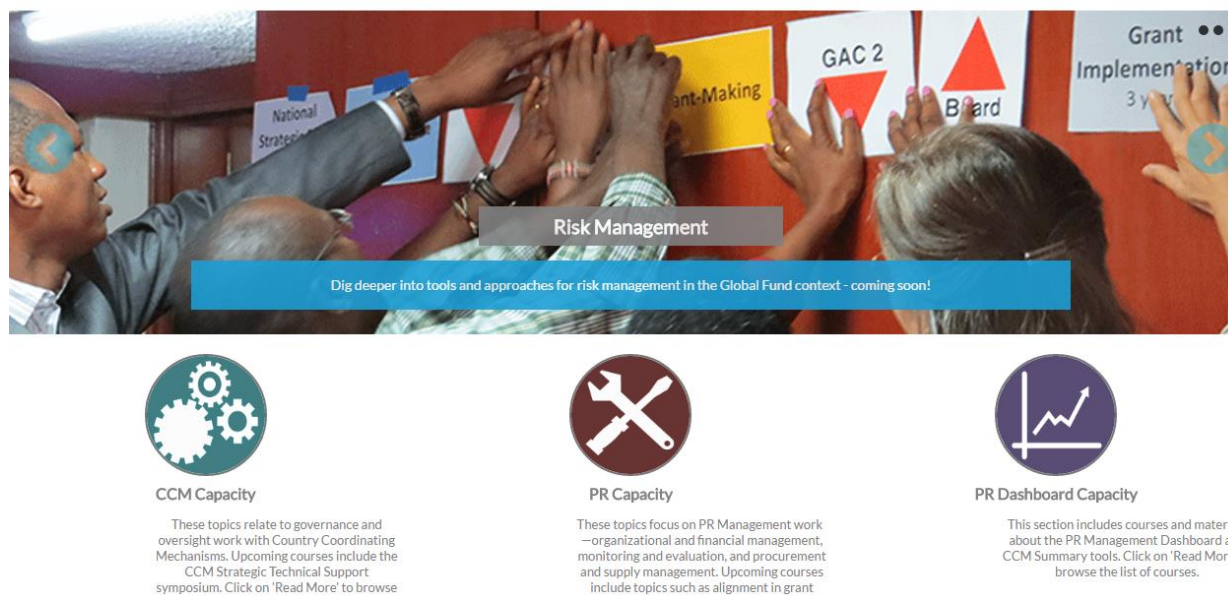


Figure 8. Home page of the GMS Learning Hub.

The virtual courses

In November 2015, GMS launched its first virtual course, the Symposium Series on Strategic Technical Support to CCMs. This course introduces consultants to conceptual frameworks developed by GMS for working with CCMs on strategic thinking, strategic planning and strategic leadership. It is an ongoing participatory virtual learning event: to date over seventy consultants have engaged in discussion forums around various topics introduced by GMS staff experts. The first module, Engaging Heads, Hearts and Hands, introduces the overarching frameworks of the strategy-quality-functionality pyramid (see graphic below), and the metaphor of the CCM life cycle as a road map traveling towards efficient response to the three diseases. The second module, Making CCMs More Strategic, expands further on what it means for CCMs to be strategic, and how GMS consultants can facilitate and support this process using the Humble Inquiry² model. The third module focuses on strategic oversight, including both theory and practice aspects and discussing the effect on CCM oversight of the GMS whole-of-country approach to PR and CCM dashboards.

2. Schein, E.H. *Humble Inquiry: The Gentle Art of Asking Instead of Telling*. Berrett-Koehler Publishers, 2013.



Figure 9. GMS’s “CCM Pyramid of Levels of Engagement,” a means of describing the foundations on which a CCM’s capacity is built and strengthened.

Another set of virtual courses offers consultants the opportunity to learn about GMS’s new dashboards including the PR Management Dashboard and the CCM Summary. The courses are offered in English and French, and cover the dashboards, how they are used, and the GMS consulting approach for successful implementation of the tools in management or oversight of Global Fund grants. Each course includes a sample interactive dashboard from the country “Ficticia,” which allows hands-on practice. Consultants who have completed these courses are ready to act as members of a dashboard assignment team.

These virtual courses are complementary to the face-to-face training events GMS provided in earlier years of the project, such as the introductory “boot camps” and the team leaders’ orientations. Virtual courses, with the exception of the course Introduction to the Global Fund described below, are intended as continuing education and to document the GMS approach to specific Global Fund requirements. They are cost efficient in that each course can be viewed multiple times over a period of one to three years or until requirements change.

The following graph shows the increase in enrollment for each of the seven virtual courses over time: total enrollment was 432. Additional courses will be added to the GMS Learning Hub in PY5, focusing more on PR-related technical support, including risk management, health products management, and dashboard updates.

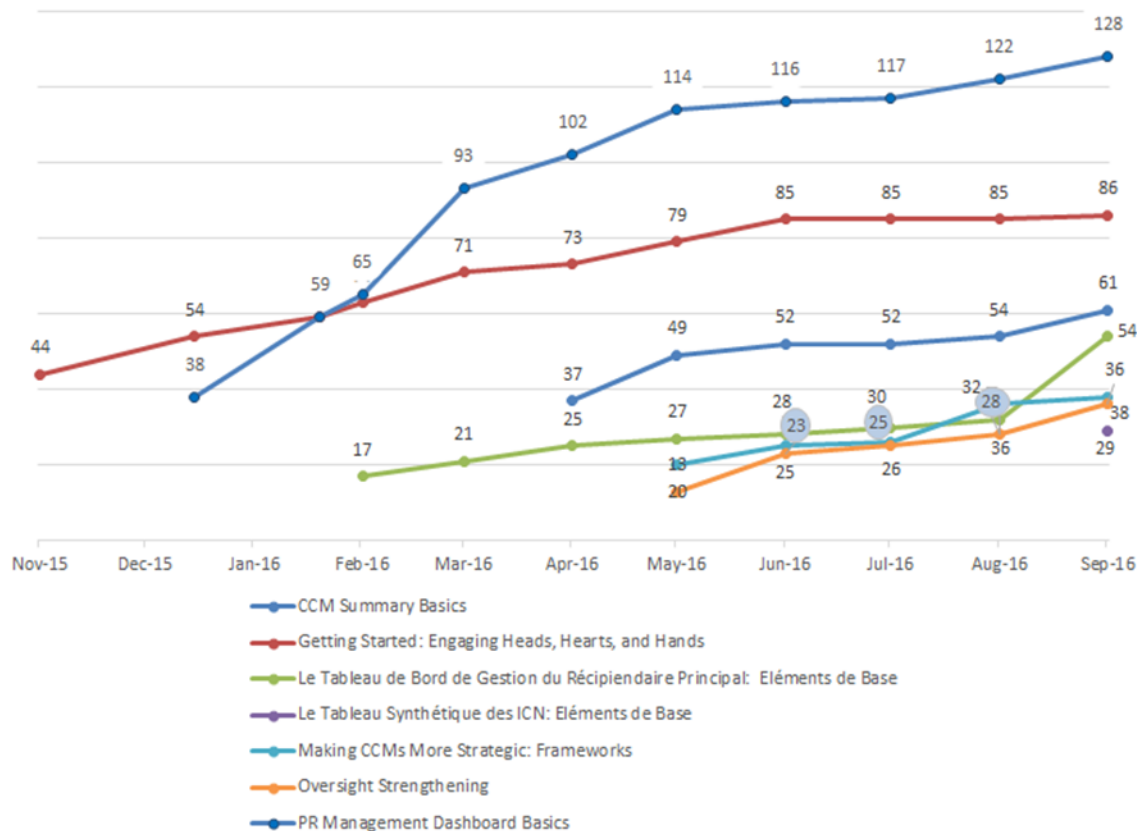


Figure 10. Virtual course enrollment (as of September 30, 2016 (end of PY4))

In addition to the Learning Hub, GMS continues to collaborate with the Alliance to deliver the virtual course: The Global Fund: Introduction for GMS Consultants. In PY4, quarterly sessions of this course were made available for potential consultants in lieu of the GMS consultant orientation. Ninety-seven potential consultants completed the course in PY4, and are considered active consultants in the selection of teams for assignments.

3.4.3. Face-to-Face Training

During PY4, GMS led four face-to-face training workshops focusing on the PR Management Dashboard and CCM Summary, all of which were conducted collaboratively with other Global Fund technical-support agencies. The PR Management Dashboard and CCM Summary workshops included:

- October 2015, in Brighton: 26 Alliance staff and consultants trained to use dashboards where the Alliance is a PR. GMS provided the design, content, and facilitation while the Alliance supported their participants and the logistics.
- December 2015, in Abidjan, Cote d'Ivoire: 12 GMS Regional Partners trained to enhance their capacity to provide technical support to clients using dashboards.

- March 2016, in Cape Town, South Africa: Twenty-two consultant participants with 19 funded by the Alliance and three funded by the USAID-funded project LMG. GMS provided the workshop design, content, and facilitation.
- September 2016, in Casablanca, Morocco: 24 francophone participants funded by GMS, FEI, GIZ, and the Global Fund Secretariat. GMS provided the design, content, and facilitation with support from the Global Fund CCM Hub.

Dah el Hadj Sidi, GMS senior procurement and supply management technical manager, discusses the dashboard indicators with participants in Cape Town.



With each of these dashboard training events, GMS applied the experiential learning approach. Participants were guided through a scenario in which a fictitious country opted for a whole-of-country approach to dashboards. Training exercises included simulated workshops with PRs and SRs, and role plays with PRs and the CCM. Participants came away from the workshops feeling prepared to provide technical support to countries requesting dashboard implementation.

GMS also collaborated with the LMG Project and the Global Fund CCM Hub to develop a CCM Orientation Package. GMS provided support to LMG on the instructional design elements of the CCM Orientation Package as a whole (both virtual and face-to-face components), including design and facilitation of a two-day face-to-face introduction to the package for 14 participants envisioned to carry out the face-to-face components of the CCM Orientation Package in September 2016. Participants were guided through the process of facilitating CCMs to undergo orientation for new members. This face-to-face event was part of the testing and validation of the content of the CCM Orientation Package with experienced CCM consultants prior to its finalization.

3.4.4. Certification

As of September 30, 2016, 127 consultants have been certified as team members, and 40 consultants are additionally certified as team leaders, with four consultants certified as coordinating team leaders.

Ninety consultants have been recertified to date, having demonstrated continued excellence in their work. The total number of new certifications in PY4 went down: in PY3, 59 consultants received new certifications while in PY4 only 42 consultants received new certifications.

Diminished demand for technical support provides few opportunities for assignments leading to certification, and continuing use of previously certified consultants also reduces the opportunities for less qualified consultants as well. As a result, there are 50 additional boot-camp-trained consultants that have only had the opportunity to work on one GMS assignment. These consultants only need one more assignment to be eligible for certification, but the lower-than-expected number of GMS assignments has reduced the opportunity to demonstrate expertise and therefore to become certified.

GMS consultants attain certification after having met a set of GMS consultant core competencies in training and field work. These core competencies are defined as minimum standards of consultant performance and serve as a quality-assurance mechanism for each level of expertise. Consultants are reviewed on a quarterly basis for completion of threshold eligibility requirements through observed performance during assignments and training.

Consultants value the certification program and are eager to complete the requirements to attain certification. The Objective 2 team (capacity-building team) continuously receives requests for progress toward certification and emails of satisfaction from those having achieved their certification. Consultants also report that GMS certification is helpful in attaining Global Fund–related work with other technical-support providers.

From consultants, upon receiving their certification:

“Excellent news... I appreciate all your support; thank you for what I've learned and continue to learn from GMS.”

“I am really honored and proud by this recognition.”

3.5. REGIONAL PARTNERS

3.5.1. Introduction: The regional strengthening model

As a response to GMS’s Objective 2, calling for an experimental approach to expanding the pool of high-quality regional technical support to Global Fund beneficiaries, the Capacity Building Regional Partner Strengthening Initiative was intended to demonstrate the potential of organizations in developing countries to deliver, via direct marketing to funders and/or beneficiaries, technical support meeting the same quality standards as those applied to GMS teams.

The approach to strengthening Regional Partners has evolved each year following principles of adaptive management: a process adopted by USAID to respond to new and changing circumstances to get the best results.³ Beginning with a mentorship model, then a marketplace model, followed by a coached collaboration model, GMS

GMS Regional Partners

ADVANTECH, Kenya
ALMACO, Kenya
Curatio, Georgia
EFCA, Kazakhstan
Global Challenge Corporation/GCC, Cote d'Ivoire
IRESO, Cameroon
Khulisa, South Africa
OASYS, Senegal
PLENITUD, Dominican Republic
Q Partnership, Zimbabwe
Technical Assistance Inc./TAI, Bangladesh
Upward Bound, Kenya

3. <https://usaidlearninglab.org/lab-notes/usaaid-incorporates-adaptive-management-improve-program-cycle>

support encouraged Regional Partners (see the list in the box) to be more and more proactive in defining and promoting their Global Fund-related services and business strategies.

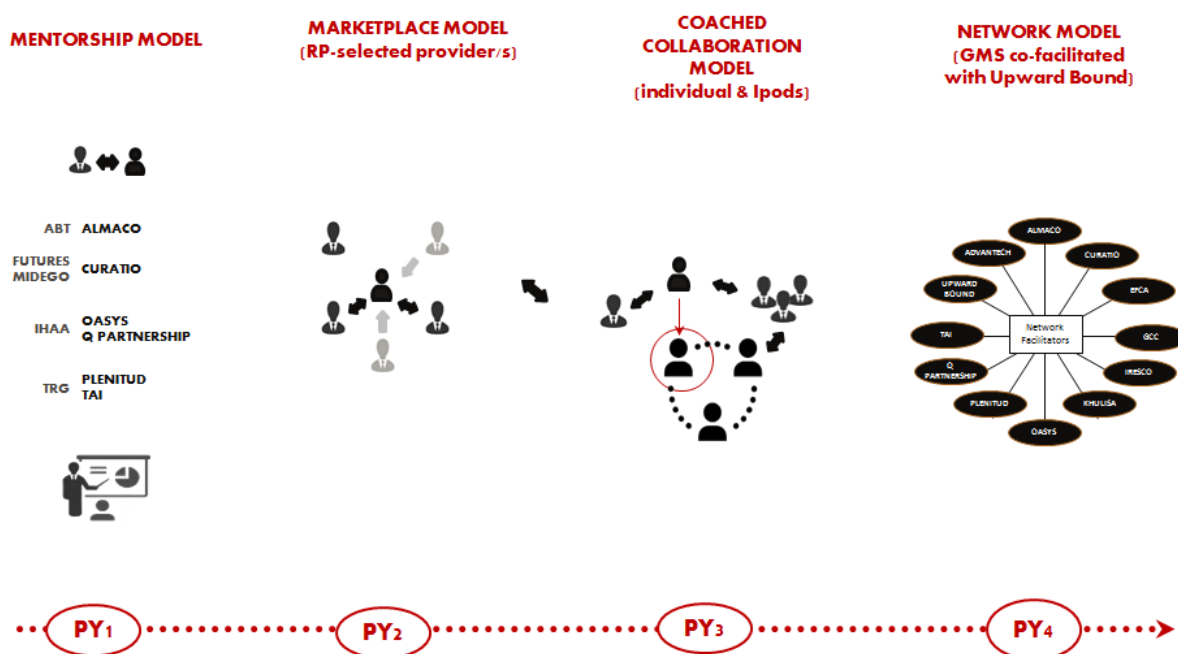


Figure 11. Evolution of the Regional Partner strengthening model.

In PY3, Regional Partners were grouped in “innovation pods” based either on geographical proximity (Nairobi partners Advantech, Almaco and Upward Bound made up the “NIP”; and West African partners GCC, IRESCO and OASYS called themselves “WAG”) or on perceived corporate affinities that led to innovation pods comprising Khulisa, Q Partnership and TAI (the “Mandela Pod”) and Curatio, EFCA and Plenitud (the “Eos Group”). Each innovation pod was tasked with creating an innovative product or service targeting needs emerging from the Global Fund’s new funding model, with the intent to bring the innovation to market and garner new, preferably direct-funded, business from Global Fund beneficiaries.

In PY4, GMS scaled down its support to individual Regional Partners. Strengthening of individual companies by GMS was significantly reduced and replaced by coaching of the functional innovation pods (NIP, Mandela Pod, and WAG), which continued to work towards bringing their respective innovations to market. At the end of PY4 the model then became the Regional Partner network, facilitated by GMS, first as pivot and center of the network, then as mediator and finally as external advisor of the network.

Read more about innovation pods in section 3.5.4 of this report.

Read more about the Regional Partner network in section 3.5.6 of this report.

3.5.2. Business strengthening activities during PY4 and their results

Even though the number of regional-strengthening activities was drastically reduced in PY4, GMS financed a range of services for Regional Partners. These services were provided by GMS's international partners, local providers in-country, and, in the case of "charter" services, by the Regional Partners themselves to one another.

# of services/Regional Partner	Advantech	Khulisa	OASYS	GCC	ALMACO	IRESO	Q Partnership	UB	Curatio	EFCA	Plenitud	TAI	
Innovation Pod Jumpstart Funds	1	1	1	1	1	1	1	1				1	9
Marketing plan (phase 1 and 2)	1	1	1	1			1				1		6
Costing and pricing		1	1	1		1				1			5
Charter		1	1		1			1					4
Website redesign	1								1				2
Legal services	1												1
	4	4	4	3	2	2	2	2	1	1	1	1	27

Table 1. Types and number of services GMS's international partners and local providers offered Regional Partners.

The split between the international partners and local providers was such that international partners concentrated on business coaching across the categories in table 1 above (11 instances out of a total of 22) and costing and pricing services (four instances out of a total of five).

Three Regional Partners, Q Partnership, Advantech and Upward Bound, have been most successful in operationalizing institutional changes. Q Partnership has created a new organizational structure (partnership) and marketing plan that has changed the way it does business. Advantech has been able to establish network relationships with the NIP, with Khulisa in a consortium that holds a Global Fund IQC, with the WAG for carrying out an IQC task order PR dashboard assignment in East Africa, with Q Partnership in a Peer-to-Peer Exchange (P2PX) for its marketing plan, and with Carl Schutte, an organizational development coach, in a joint business development centered around Devex. And finally, Upward Bound has showed tremendous leadership in the beginning stages of the network by acting as facilitator and convener.

3.5.3. Market failure to meet expectations

By the end of PY3, and despite the best efforts of Regional Partners, it was clear that the demand for direct contracting of technical support from regional organizations by PRs and CCMs was not forthcoming to the extent initially hoped. Although the Global Fund had included provisions for direct funding in grant and CCM budgets, existing sources of free technical support, largely donor led and funded, were still the preferred access mechanism. This trend continued in PY4.

Figure 12 below summarizes the efforts and successes of the Regional Partners to seek Global Fund–related work from potential clients ranging from GMS to other technical-support agencies, the Global Fund Secretariat and implementing country CCMs and PRs. Efforts are ranked from left to right according to the amounts of LOE and investment required for solicitation. The rate of return in terms of contracts and task orders is shown below the scale.

Competing for GMS consulting business continued to be the lowest effort. As illustrated in figure 12, Regional Partners submitted 502 CVs to GMS calls for consultants, 121 of which were selected (>24%). This selection percentage was lower than PY4 (>32%) due to more intensive competition for team selection compared to PY3.

In comparison, although Regional Partners responded 27 times to Global Fund indefinite quantity contract (IQC) opportunities and won 13 awards, only eight task orders have been issued to Regional Partner organizations to date. Regional Partners created two consortiums that bid on and won IQCs. In particular, Khulisa has been awarded five of the eight task orders —by far the most task orders any of the Regional Partners has won to date. The eight successful task orders represent a fourfold increase over the two task orders awarded in PY3.

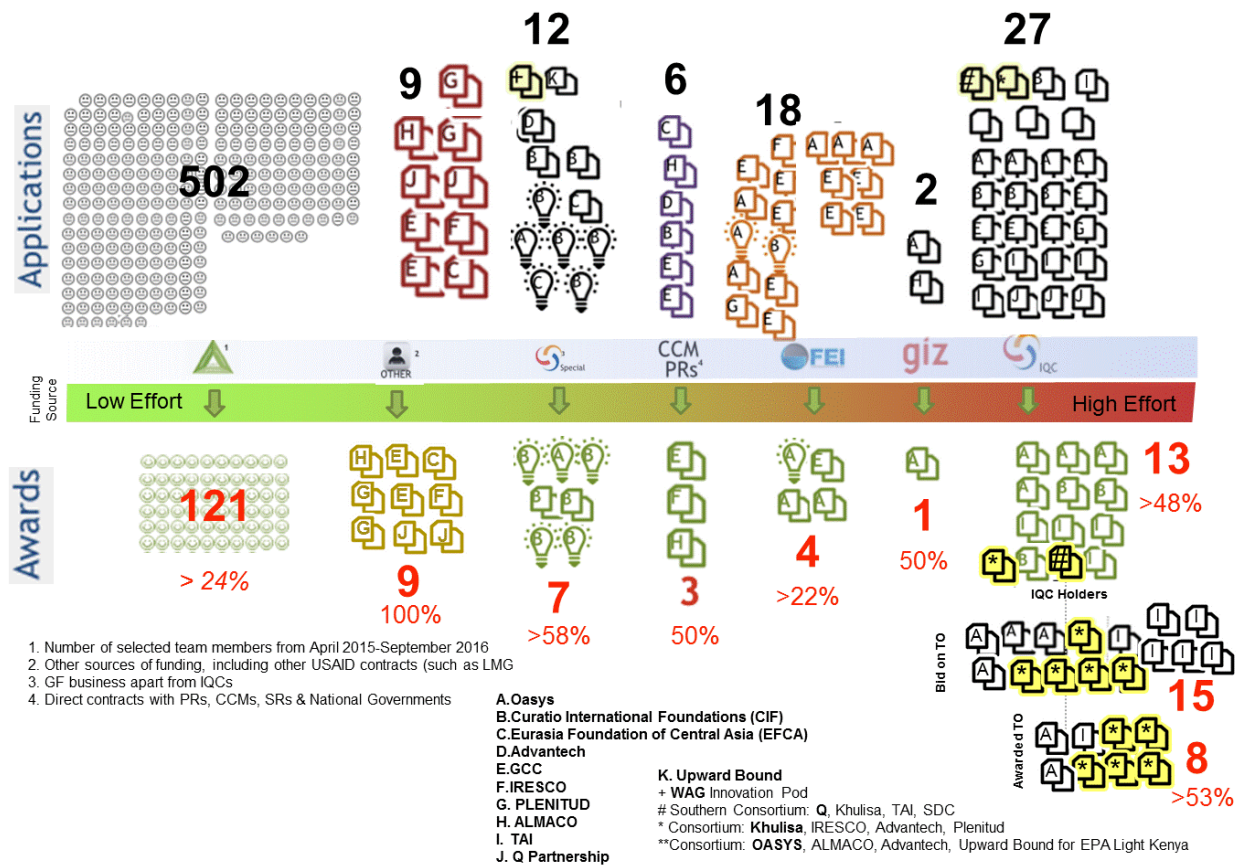


Figure 12. Regional Partner business performance (April 2015–September 2016).

Regional Partner submission to other sources of funding such as USAID missions and USAID contractors produced 9/9 positive results yielding a 100% success rate for contracts that valued from \$10K to \$75K.

Six proposals were submitted to CCMs and PRs with a 3/6 (50%) success rate for ALMACO (“Training in Kenya CCM”), GCC (Grant making in Cote d’Ivoire) and IRESCO (“Plan Cameroon–Scaling Malaria Control for Impact”) with contracts ranging from \$2.4K to \$4.8K.

Unsolicited proposals to the Global Fund, requiring medium levels of effort, were particularly successful for the Regional Partners OASYS and Curatio. OASYS obtained funding for the “Orientation Training of KPs in Senegal on NFM and Country Dialogue,” and the Global Fund awarded Curatio a contract to support four countries (Georgia, Bulgaria, Moldova, and Ukraine) in Eastern Europe and Central Asia for programmatic and financial sustainability as they plan to transition from dependence on Global Fund grants. In addition to supporting these four countries, in PY4, Curatio carried out two studies and two technical assignments for the Global Fund.

In conclusion, Regional Partners have not been able to win significant technical-support business individually, perhaps because their capacity is viewed as too limited in size. When they grouped together to bid as innovations pods or consortiums, they were more successful at obtaining awards from the Global Fund. This explains the fourfold increase (from two to eight) in task orders in PY4. However this number is still insufficient to make Global Fund work a steady resource stream.

3.5.4. Innovation pods

As the innovation pods gained momentum in PY4, they sought and benefited from collective business coaching for the prototyping, piloting and rollout phases of their innovations. Three of the four innovation pods (the NIP, the WAG and the Mandela Pod) have persevered with this endeavor to varying degrees of celerity and success. The Eos Group never generated an innovation, preferring to pursue other individual objectives (in Curatio's case, with great success.)

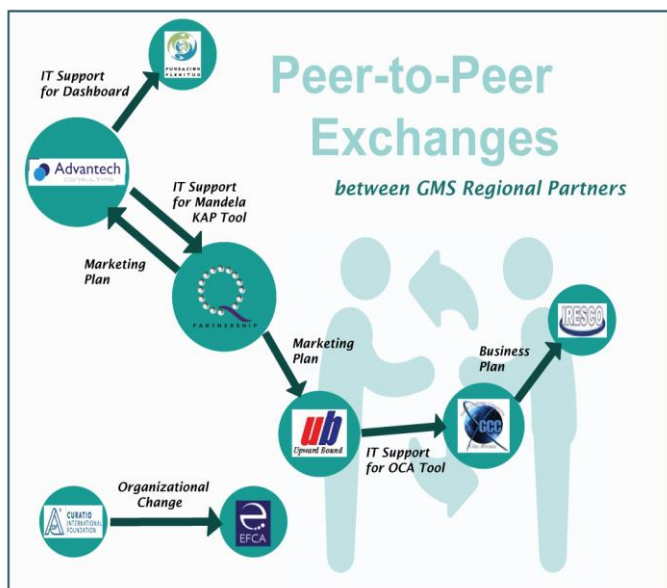
Emergence of successful non-GMS collaboration

As well as continuing to meet and prepare next steps, the innovation pods further strengthened their relationships within and among innovation pods. One such experience resulted in a successful collaboration between OASYS and GCC (WAG), holding several Global Fund IQCs, and two of the Nairobi-based Partners (NIP), who aimed to jointly carry out a task order supporting the PR World Vision and UNICEF for the Somali GFSC grants at their offices based in Kenya (for security reasons). Once this technical-support partnership arrangement was approved by the Global Fund, WAG leader OASYS acted as contracting and technical backstop for the WAG and the new colleagues. It is hoped that this model may be extended in the coming months, as Global Fund intends to reissue a series of IQCs which might well lend themselves to such inter-regional collaborations.

3.5.5. P2PX: Successful collaboration

Throughout the year, exchanges were carried out between nine Regional Partners (see graphic). Advantech made use of the most P2PX exchanges (three). All P2PX participants reported a high level of positive impact of the visits.

The idea for the Peer to Peer Exchanges (P2PX) arose from a conviction, held by both the GMS Objective 2 team and the business coaches, that the Regional Partner organizations boasted individual and collective expertise and knowledge that were potentially beneficial to other Regional Partners. Coming directly from the emergent "sharing economy" that has given rise to such immense successes as Uber and Airbnb, the hope was that Regional Partners would not only offer technical skills to address problems but also discover unexpected synergies and potential for revenue-generating collaboration.



The P2PX was launched at the fourth Regional Partner Meeting in Abidjan in December 2015, to introduce the core concepts of direct and indirect reciprocity in exchanged services. It was agreed that GMS would sponsor travel and accommodation of one person from any partner to any other for a very short visit, based on written concept notes. It was hoped that Regional Partners would benefit as much from the exposure to new corporate practices as from the technical solutions provided: this was indeed widely acknowledged to be the case.

3.5.6. The Regional Partner network: An idea whose time has come

During PY4, a third mechanism for interinstitutional collaboration gained momentum: a **Regional Partner network (NTAP)**. Following discussion at the Regional Partner Meeting in Abidjan in December 2015, Regional Partner Upward Bound carried out initial surveying of each organization's vision of a network among Regional Partners, but no consensus was reached. Many Regional Partners imagined the NTAP as nothing more than a large database of Regional Partners' and consultants' CVs that could potentially increase their chances of securing larger contracts than they could as individual companies. A few, such as Upward Bound, were more ambitious.

To encourage thinking beyond "business as usual"—in other words staying alert for donor-issued tenders—GMS introduced partners to Sharon Drew Morgen's *Buying Facilitation* model,⁴ through a webinar and short demonstration video. Although well received, the work was sparsely completed and yielded few actionable responses.

In light of these reactions, GMS decided to focus the final Regional Partner Meeting, to be held in Nairobi from September 21 to 23, 2016, on the idea of the NTAP, and designed the agenda accordingly. The Regional Partner Meeting on the NTAP turned out to be one of the most dynamic, stimulating and engaging meetings that the GMS team and coaches have supported. The group of Regional Partners had such radically divergent visions of what the network should be that when left on their own without facilitators, the Regional Partners were unable to have a productive debate on the core substance of the network.

4. Morgen, Sharon Drew. *Buying Facilitation: The New Way to Sell That Influences and Expands Decisions*. Morgen Publishing, 1994.

To obtain broader perspectives than their own, Regional Partners met with a group of local and international stakeholders from USAID/East Africa, World Bank, Red Cross, MOH of Kenya and UNICEF, including representatives of Global Fund CCM and PRs. This encounter provided new perspective on donor and client requirements and preferences for contractor engagement. The stakeholders' positive perspectives on working with a network of partner organizations, rather than with individual, loosely connected organizations, convinced some Regional Partners to take a leap of faith to create a formal, legal institution.

Ten Regional Partners voted to formally constitute an NTAP (two Regional Partners declining), passing resolutions on limited competition, vision, services, structure, functions, and funding. The new NTAP members nominated and confirmed a steering committee tasked with developing NTAP's next steps towards registration and effective contracting, demonstrating promising signs of ownership in the future of NTAP.

In addition, the new NTAP members endorsed the GMS proposal to explore opportunities for increasing visibility and market share through participation in an international trade fair. A Trade fair task force was created and had its first virtual meeting September 28, 2016, with subsequent weekly meetings. The trade fair task force agreed to investigate opportunities to either "piggyback" on an existing event, or to create and host its own event in which its network capacities would be promoted to a broader development audience.



Don Odera (Pact) counts Regional Partner votes in network voting process.

3.6. GMS COLLABORATES WITH THE GLOBAL FUND ON STRATEGIC INITIATIVES

During PY4, GMS collaborated with the Global Fund Secretariat on strategic initiatives focused on helping countries improve their approach to prioritization of cost-effective, high-impact interventions and on ensuring funds absorption and risk management.

3.6.1. GMS collaboration on STAR

In mid-PY4, the Global Fund Secretariat requested GMS assistance with adapting a resource allocation decision-making approach used in developed country contexts to Global Fund proposal development. Initially designed by a team at the London School of Economics, the Socio Technical Allocation of Resources (STAR) methodology combines use of an Excel-based tool with a facilitated process to make decisions for allocating health resources. The Excel-based decision support tool helps to structure comparison of health costs and outcomes for different interventions for a given population. The facilitated decision process helps stakeholders interpret STAR's visual models and data on costs, value and scale of interventions and to apply principles of cost effectiveness to budgeting and planning allocation.

In June 2016, GMS hosted 20 participants from USAID, the Global Fund, Oxford University, the LMG project and Management Sciences for Health (MSH) to discuss how the STAR methodology for allocative decision making could be applied to funding proposal development for Global Fund grants. At this meeting, it was agreed that GMS would help the Global Fund and Oxford University colleagues to finalize the tool, plan a pilot of the tool in five countries and train consultants who would implement the pilot. The timing of this initiative is opportune, as the Global Fund country allocations are due to be announced in December 2016, with submission of funding requests for the next implementation period due to start in March 2017.



GMS, Global Fund, Management Sciences for Health, and Oxford University staff meet to explore application of the STAR methodology to Global Fund concept note development.

3.6.2. GMS support to a second West and Central Africa meeting on performance

Also in June, 2016, GMS collaborated with the Global Fund to implement an 11-country meeting in Dakar, Senegal, where the progress made from the 2015 Abidjan meeting commitments to improve Global Fund funds absorption was reviewed, and countries and technical-support partners proposed regional solutions for accelerating progress toward meeting 2017 programmatic goals for HIV/AIDS, TB, malaria and health systems programs in these countries.



GMS staff work in Geneva with Global Fund staff to plan the 2016 Dakar Regional Meeting for West and Central Africa. Pictured from left to right are FPM Jean Nouboussi, Global Fund Regional Manager for West Africa Tina Draser, GMS Senior Technical Manager for Procurement and Supply Management Dah El Hadj Sidi, FPM Viviane Hughes-Lanier and Sussann Nasr, Global Fund Malawi advisor.

Over 100 representatives from governments, PRs and CCMs attended from 11 countries: Benin, Burkina Faso, Burundi, Chad, Cote d'Ivoire, Democratic Republic of the Congo, Guinea, Mali, Niger, Senegal and Togo. Additionally, 26 representatives from development partners attended.

GMS helped the Global Fund structure the Dakar meeting to attain the meeting objectives; identifying the data needed to support the meeting discussions; facilitating key meeting discussions in plenary and in small groups; and, documenting the meeting by producing the meeting report.

The key output of the Dakar meeting was the identification of regional solutions to address the priority areas under each disease (HIV/AIDS, TB and malaria) and HSS (listed below), which GMS helped the Global Fund to validate with meeting participants.

Disease	Priority Areas
HIV/AIDS	Diagnosis and screening in adults and children; Treatment in children
Malaria	Community-based diagnosis and treatment
Tuberculosis	Improved case detection in adults and children
Health Systems Strengthening	DHIS-2 implementation plus linking DHIS-2 to LMIS

Table 2. Priority areas of focus for reaching 2017 program goals.



GMS Project Director Catherine Severo (right) advises Global Fund Portfolio Manager Lyne Soucy on facilitating upcoming Dakar session.

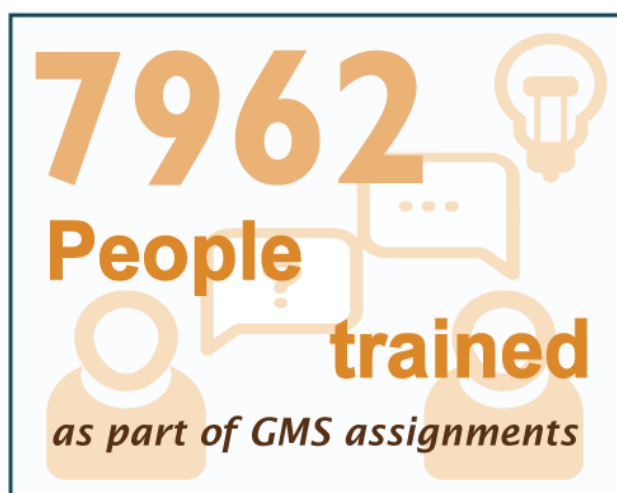
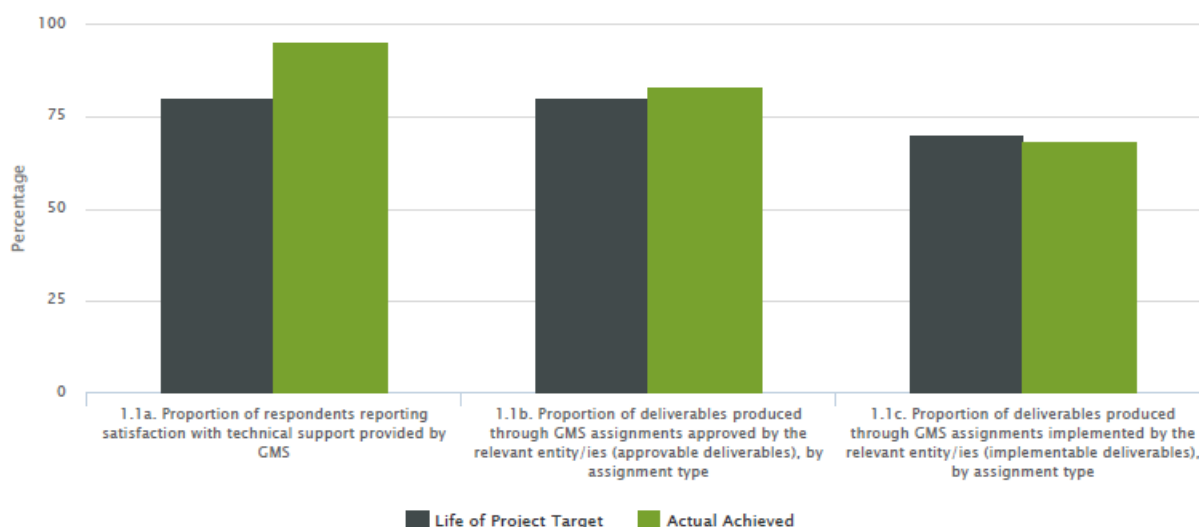
4. PROJECT ACHIEVEMENTS

4.1. KEY PMP INDICATORS

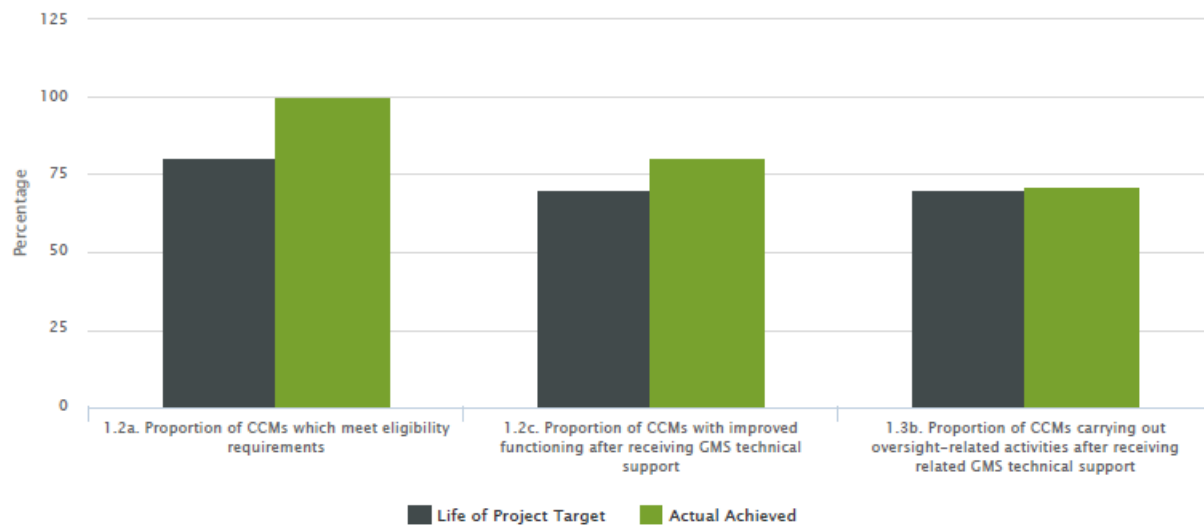
GMS is monitored using cumulative indicators (PYs 1-4) across three work streams (GMS objectives 1-3), each of which has sub-objectives. Selected indicators for these sub-objectives are represented in the graphs below. An exhaustive list of all GMS indicators is in annex 1.

While GMS has met or surpassed the targets for client results and satisfaction with GMS services, what appears as underperformance in other graphics is often the result of a calculation that assumed a higher targeted number of technical assignments than was ultimately approved for GMS. As mentioned in section 1 above, 34 assignments were approved in PY4, but 60 were planned at the start of PY4; over the life of project, GMS has received 161 assignments rather than 240.

Technical Support Quality



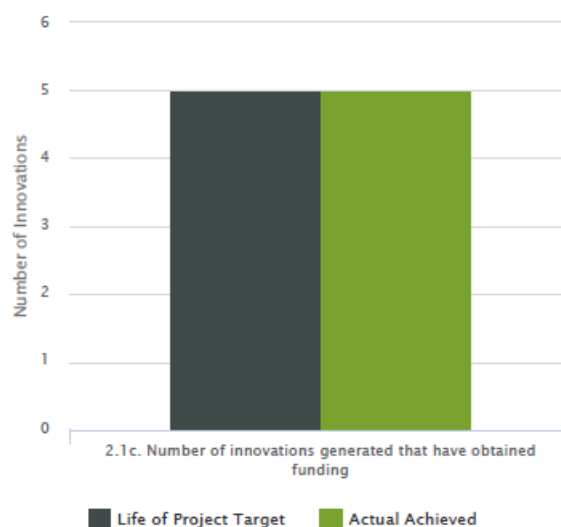
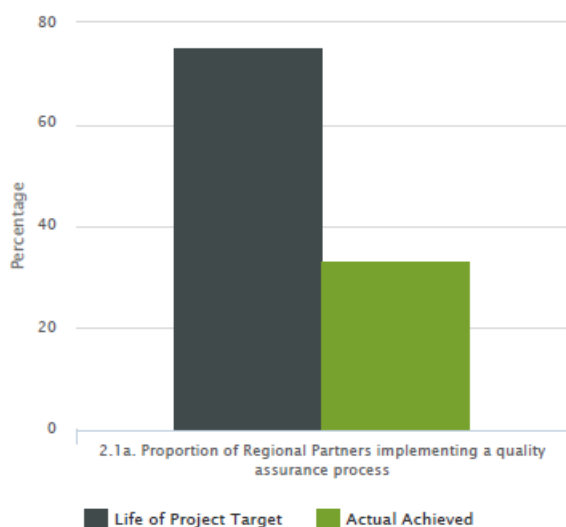
Improving CCM capacity



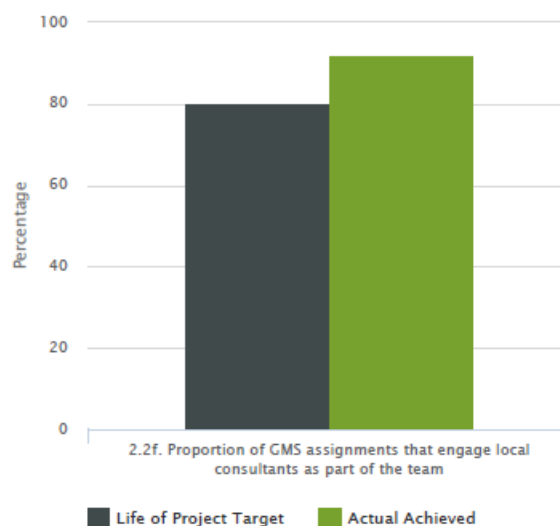
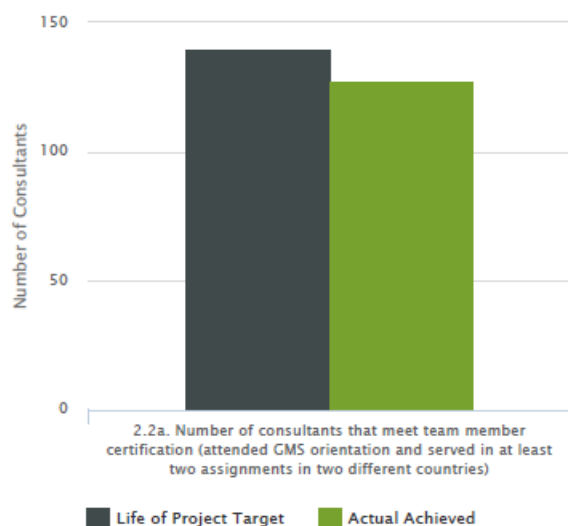
Improving PR and SR capacity



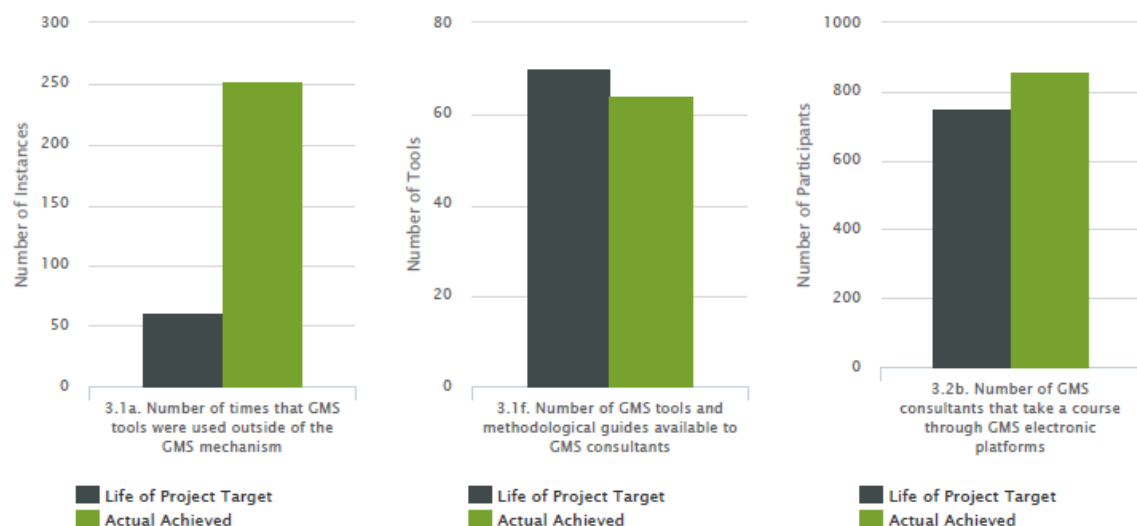
Regional Partner strengthening



Consultant strengthening



Tools and dissemination



4.2. GMS RESPONSE TIMES



5. THE TEAM

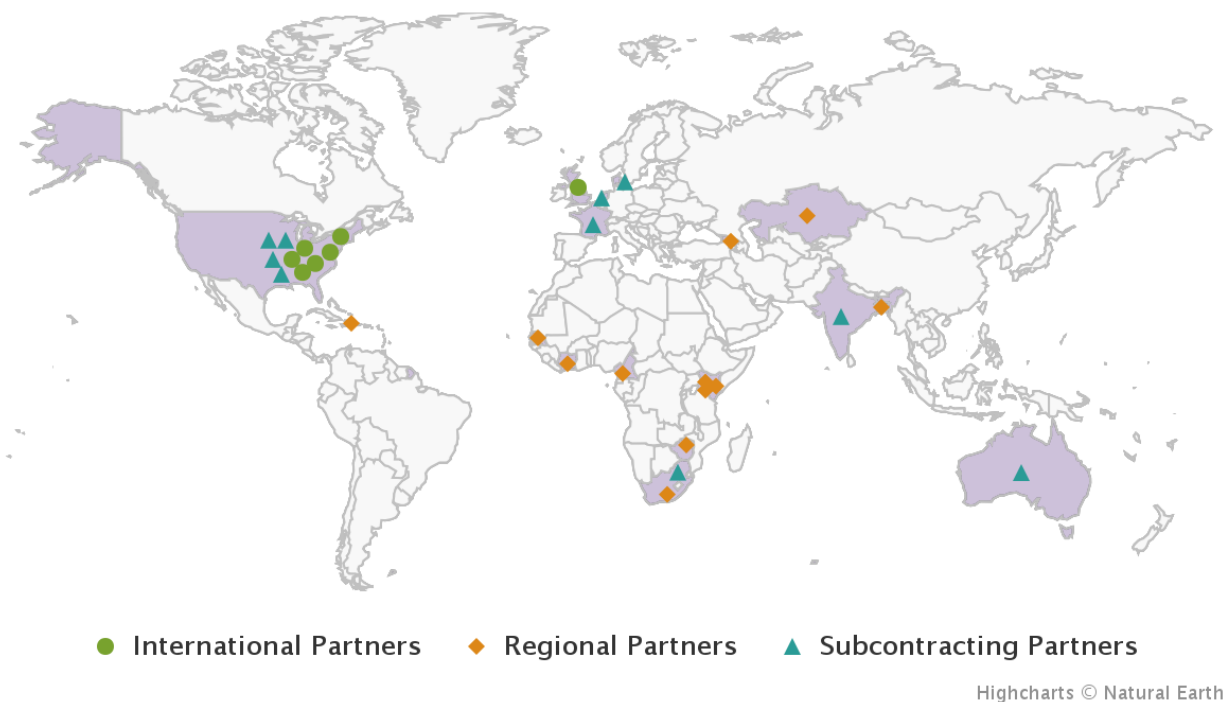
5.1. WHO WE ARE

The U.S. Congress provides OGAC the discretion to use up to five percent of the United States Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs appropriations for the Global Fund to provide Global Fund technical support, through USAID implementing mechanisms. GMS has been funded through a portion of this set-aside (since its first phase, 2007-12). In addition, GMS may receive funds obligated through local and regional USAID missions (“field support funds”).

The current phase of GMS was awarded on September 30, 2012, under USAID contract number AID-OAA-C-12-00040 with a ceiling of \$99,937,177. During PY4, \$10.3M was obligated—\$9.5 million from USAID/Washington (core funds) and \$0.8 million from local and regional USAID missions (field support funds)—bringing total obligations by the end of PY4 to \$73,428,036. As of September 30, 2016, GMS had cumulative expenditures and commitments of \$66,872,703.

GMS is executed by MSH and 28 partners.

GMS Partners



International Partners (6)
<ul style="list-style-type: none"> ● Abt Associates ● Futures Group (doing business as Palladium) ● International HIV/AIDS Alliance ● Realizing Global Health ● PACT ● Training Resources Group
Regional Partners (12)
<ul style="list-style-type: none"> ● ADVANTECH (Kenya) ● ALMACO Ltd. (Kenya) ● Curatio Foundation (Georgia) Eurasia Foundation (Kazakhstan) ● Eurasia Foundation of Central Asia (Kazakhstan) ● Global Challenge Corporation (Côte d'Ivoire) ● Fundación Plenitud (Dominican Republic) ● Institute for Research, Socio-economic Development and Communication, or IRESCO (Cameroon) ● Khulisa Management Services Pty Ltd (South Africa) ● OASYS Financial and Management Services (Senegal) ● Q Partnership (Zimbabwe) ● Technical Assistance Inc. (Bangladesh) ● Upward Bound (Kenya)
International and Regional Subcontracting Partners (10)
<ul style="list-style-type: none"> ● AIDS Projects Management Group or APMG (Australia) ● Catalyst Management Services Pvt. Ltd. (India) ● Euro Health Group A/S (Denmark) ● Health & Development Africa Pty. Ltd. (South Africa) ● Innovative Development Expertise & Advisory Services Inc (IDEAS) (U.S.) ● International Program Assistance Inc., or IPA (U.S.) ● LMI (U.S.) ● ResultsinHealth (RiH) (The Netherlands) ● SCM Advantage LLC (U.S.) ● zeGOgroup (France)

5.2. GMS'S MISSION

The mission of Grant Management Solutions (GMS) is to increase the performance of grants from the Global Fund so that they may impact and lessen the severity of HIV/AIDS, TB and malaria at country and regional levels. GMS carries out its mission through its four work streams:

- Short-term technical support to CCMs and PRs, which enables access to grants from the Global Fund to combat the three diseases and builds capacity of implementing partners to use grant resources effectively and efficiently.
- Innovation and documentation of tools and best practices for effective technical support and grant management (including the PR Management Dashboard) and their dissemination using electronic platforms, training and consulting.
- Institutional strengthening of 12 GMS Regional Partner organizations so that they may provide high-quality technical support to Global Fund countries and stakeholders independently.
- Capacity building and certification of individual consultants so that a sufficient pool of skilled and knowledgeable Global Fund management and governance experts is available to Global Fund countries and stakeholders.

To learn about GMS's work that transcends regions and provides insight and new approaches to the Global Fund community as well as individual countries, **read section 3.6 of this report.**

5.3. GMS OBJECTIVE 1 TECHNICAL-SUPPORT MODALITIES

For core-funded assignments in the first four years of GMS, CCMs and/or PRs have downloaded and completed a request for support form from the PEPFAR, Global Fund or GMS website and submitted it to OGAC and USAID/Washington. USAID reviews the requests, discusses priorities and issues with stakeholders (potential recipient of technical-support services, USAID missions, Global Fund country teams) and submits the requests to the TSAP for decision. Approved requests are forwarded to GMS for action.

In the case of field-support assignments, USAID missions and USAID/Washington discuss CCM and PR technical-support needs before determining which of the available USG mechanisms is best suited to respond. If selected as the preferred option, GMS works with the mission to develop a scope of work. USAID/Washington keeps GMS informed of the progress of mission field-support processes. Field-support assignments usually begin once USAID/Washington modifies the GMS contract to include field-support funds.

GMS uses established processes to select, field and support consultant teams in response to approved requests, with the goal of meeting CCM and PR needs on time. GMS continues to diversify the duration and intensity of its technical support.

How does GMS collaborate with other technical-support providers?

GMS may work with UNAIDS Technical Support Facilities, the Joint United Nations Programme on HIV/AIDS, GIZ's BACKUP Initiative, Expertise France, Roll Back Malaria, the Stop TB Partnership, the Green Light Committee Initiative, and other technical support agencies. GMS, the Alliance and the LMG Project have strengthened their structured collaboration under the leadership of the Global Fund CCM Hub.

GMS staff

GMS staff are located in the United States, in Arlington, Virginia. These individuals head the technical areas:

- Project Director: Catherine Severo
- Deputy Director, Technical Support: Lisbeth Loughran
- Deputy Director, Finance and Operations: Bruce Gatti
- Deputy Director, Capacity Building: Maria Trujillo
- Deputy Director, Results and Knowledge Management: Christine Onyango

At the end of PY4, as GMS begins to scale down, GMS recognizes the contributions of the following staff members who left in recent months:

- Graeme Kerridge, technical manager/PR management
- Fabiola Kjeldgaard, project associate/technical support
- Holden Healy, finance analyst
- Luis Mancilla, senior program officer/regional partners
- Patricio Murgueytio, technical manager/M&E
- Kathleen Redmon, program officer/capacity strengthening

ANNEX 1.CUMULATIVE PMP INDICATORS OCTOBER 1, 2012–SEPTEMBER 30, 2016

PMP Indicators with targets Objective 1 (technical support)	Actuals	Target
1.1a. Proportion of respondents reporting satisfaction with technical support provided by GMS	95%	80%
1.1b. Proportion of deliverables produced through GMS assignments approved by the relevant entity/ies (approvable deliverables), by assignment type	83%	80%
1.1c. Proportion of deliverables produced through GMS assignments implemented by the relevant entity/is (implementable deliverables), by assignment type	68%	70%
1.2a. Proportion of CCMs which meet eligibility requirements	100%	80%
1.2b. Proportion of CCMs that obtained Global Fund CCM funding after receiving related GMS technical support	No data	70%
1.2c. Proportion of CCMs with improved functioning after receiving GMS technical support	80%	70%
1.2d. Proportion of CCMs that resolved an urgent crisis after receiving GMS technical support	63%	70%
1.3a. Proportion of CCMs using grant oversight dashboard to oversee grant performance after receiving related GMS technical support	70%	80%
1.3b. Proportion of CCMs carrying out oversight-related activities after receiving related GMS technical support	71%	70%
1.4a Proportion of grants signed following GMS support	100%	70%
1.4b. Proportion of grants that achieve expenditure/budget ratio of 90% or more after receiving GMS support with startup	No data	70%
1.4g Proportion of PRs using PR dashboards for management purposes	86%	70%

PMP Indicators without targets Objective 1 (technical support)	Actuals
1.1d. Number of people trained through GMS assignments (both PR and CCM assignments)	7962
1.2e. Number of CCMs for which structural or procedural documentation completed or updated by GMS teams	65
1.3c. Number of oversight plans developed	49
1.3d. Number of new CCM dashboards developed with GMS support	18
1.4c. Number of completed presignature files submitted to PR	31
1.4d. Number of PRs and SRs for which organizational structure and procedures have been established or strengthened with GMS support	69
1.4e. Number of new PR dashboards developed with GMS support	47
1.4f. Value of grants signed	Total grant value: 2,523,388,067.97 ⁵ (implementation period total: \$1,779,319,709.03)

5. Implementation period refers to the grant period for which GMS provided grant-making support.

56 PY4 Annual Report. Grant Management Solutions

See online report at www.gmsannualreport.org

PMP Indicators with targets Objective 2 (capacity building)	Actuals	Target
2.1a. Proportion of Regional Partners implementing a quality assurance process	33%	75%
2.1b. Proportion of regional partners reporting satisfaction with technical support provided by GMS and partners	83%	80%
2.1c. Number of innovations generated that have obtained funding	5	5
2.2a. Number of consultants that meet team member certification (attended GMS orientation and served in at least two assignments in two different countries)	127	140
2.2b. Number of certified consultants who have renewed certification at least once	90	60
2.2c. Number of certified consultants promoted from team member to team leader	40	55
2.2d. Number of Team Leaders approved to lead multi-team assignments	4	9
2.2e. Number of new local consultants who serve as team members or team leaders outside of their countries of residence	22	15
2.2f. Proportion of GMS assignments that engage local consultants as part of the team	92%	80%
2.4e. Proportion of Regional Partners implementing business seeking strategy	75%	75%

PMP Indicators without targets Objective 2 (capacity building)	Actuals
2.3a. Number of persons from other technical support providers attending GMS trainings (including virtual training)	135
2.3b. Number of persons trained by GMS at non-GMS events	50
2.4a. Number of non-GMS Global Fund related contracts and grants awarded to Regional Partners	29
2.4b. Number of IQCs awarded to Regional Partners	13
2.4c. Number of task orders awarded under a Global Fund IQC to Regional Partners	8
2.4d. Annual rate of growth of value of Global Fund related contracts	No data

PMP Indicators with targets Objective 3 (results and knowledge management)	Actuals	Target
3.1a. Number of times that GMS tools were used outside of the GMS mechanism	251	60
3.1b. Number of tools, models or approaches made available by GMS and endorsed or adopted by the Global Fund Secretariat	2	2
3.1c. Number of tools, models or approaches made available by GMS and adapted or adopted by technical support provider agencies	2	4
3.1d. Number of existing and new GMS tools and methodologies available to the Global Fund support community	6	12
3.1f. Number of GMS methodological guides and tools made available to GMS consultants through GMS electronic platforms or GMS training	64	70
3.2a. Number of electronic platforms used by GMS for knowledge sharing	15	10
3.2b. Total number of GMS consultants that take a course through GMS electronic platforms	856	750
3.2c. Number of downloads of GMS tools	306	250

PMP Indicators without targets Objective 3 (results and knowledge management)	Actuals
3.1e. Number of tools or approaches invented or significantly modified, and implemented by GMS consultants on assignments, which are then selected for publication on the GMS IMS	18